

A Phenomenological Study Exploring the Experiences of Men
Who Work in Maternal-Newborn Nursing Positions

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Abstract

The aim of this study was to explore the experiences of men who choose to work in maternal-newborn nursing roles. Using a qualitative phenomenological approach, interviews were conducted with a purposeful sample of six male nurses who worked in maternal-newborn settings using a semi-structured guide. Four themes emerged: Motivation and Influences in Career Choice, Barriers to Developing Caring Confidence as Maternal-Newborn Nurses, Surviving as Men in Maternal-Newborn Nursing, and The Invisible Norms Associated with Men in Maternal-Newborn Nursing. The study generated meaning surrounding career selection and addressed motivating factors such as role modeling, life experience, and passion for the area of specialization or convenience. There is importance in understanding the experiences of men who choose to work in maternal-newborn nursing roles. Thus, this research has implications for nursing, practice, education, and research, particularly with nursing leadership, policy makers, educators, guidance counselors, and men considering maternal-newborn nursing roles.

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CHAPTER ONE: INTRODUCTION

The role of men working as nurses is not new to North American culture (Evans, 2004; O'Lynn, & Tranbarger, 2007), although many individuals still feel uncomfortable with men practicing nursing (Armstrong, 2002; McMillian, Morgan, & Ament, 2006; Roth & Coleman, 2008). As men choose to work in a number of nursing specialty areas, the maternal-newborn specialty area remains substantially underpopulated by men at only 0.20% across Canada (Canadian Institute for Health Information, 2014) in stark contrast to that of their female counterparts.

Currently, men still remain the minority in the nursing workforce. Over the last 2 decades, the motivation for men choosing nursing as a career has been explored (Evans, 2002; Harding, 2007; Mackintosh, 1997; O'Lynn & Tranbarger, 2007). Research studies have linked negative stereotypical perceptions about men in nursing as a reason for men shying away from nursing (Armstrong, 2002; McMillian et al., 2006; Roth & Coleman, 2008). The decreased number of men choosing nursing often relates to negative assumptions regarding male nurses' sexuality or sexual orientation (Evans, 2002; Harding, 2007; Hemsley-Brown & Foskett, 1999; Inoue, Chapman, & Wynaden, 2006; Turnipseed, 1986). Likewise, society scrutinizes the motives of men who practice nursing as predatory, in turn sexualizing therapeutic touch or interaction (Harding, North, & Perkins, 2008).

Men find it difficult to make the decision to enter nursing as a career. Research has been conducted examining the barriers to recruitment of men in nursing (Goodin-Janiszewski, 2003). Though some interventions have been established, enrolment by men in nursing programs still remains low (Mackintosh, 1997; Meadus & Twomey, 2007;

Nelson & Belcher, 2006; Villeneuve, 1994). In addition, young men are often provided distorted information about nursing or are dissuaded from nursing practice by family, friends, mentors, or high school educators (Goodin-Janiszewski, 2003; Meadus, 2000). Men who choose nursing as a career feel underrepresented in comparison to their female counterparts (O'Lynn, 2004).

Additional knowledge as to why so few men choose nursing as a career is needed. Questions regarding this choice of career can be further studied and appropriate interventions established to support recruitment and practice of male nurses. Furthermore, a deeper understanding of why men choose to enter into nursing specialties, such as maternal-newborn practice settings, could lead to creating interventions that support, recruit, and retain men into these roles.

This study will address the experiences of men in maternal-newborn nursing specialties using a phenomenological approach. Rich qualitative descriptions will focus on “what people experience and how it is they experience what they experience” (Patton, 2002, p. 107). Focusing on the unique experiences of the participants is crucial in determining the essence of the phenomenon pertaining to male nurses’ experiences in maternal-newborn roles. Few studies have addressed why men choose to work in maternal-newborn roles. Therefore, this study addresses why male nurses choose a role in maternal-newborn care.

CHAPTER TWO: LITERATURE REVIEW

A review of the literature was conducted regarding the role of men in maternal-newborn nursing. Databases searched included Academic Search Premiere, Cumulative Index to Nursing & Allied Health Literature (CINAHL), MEDLINE, NURSING SCHOLARS PORTAL, and ProQuest Nursing Journals. The following search terms were utilized: career choice, male nurses, females, clients, obstetrics, obstetricians, maternal-newborn, maternal-child, stereotypes, perceptions, opinions, sexualization, caring, and public image. The research articles were sourced from Canada, United States, Australia, Great Britain, New Zealand, and Turkey. All were restricted to the English language.

In all, over 65 research articles including anecdotal papers, reports, and books were assessed of which 24 proved to be pertinent. Of those, 24 were assessed. Nine were quantitative studies, 13 were qualitative studies, and two were mixed method approaches. Due to the dearth of research on this topic, the research articles ranged from 1992-2013 in order to assess the depth, breadth, and research pertaining to males in nursing and in maternal-newborn roles.

Of the 24 articles that were assessed, the following topics were reviewed to explore the male presence in nursing and specifically maternal-newborn care: (a) The Historical Role of Men in Nursing, (b) Why Men Choose Nursing as a Career, (c) Where Men Work d) Stereotypical Perceptions Regarding Male Nurses, (e) Acceptance by Female Nursing Colleagues f) Sexualizing Men's Touch g) Barriers to Recruitment of Men in Nursing, and (e) The Male Role in Maternal-Newborn Nursing. The literature review is categorized by these eight themes which presented a background for exploring the experiences of male nurses in a maternal-newborn nursing role. In addition, the

motivating factors that cause a limited number of males to choose a maternal-newborn clinical setting will be discussed.

The Historical Role of Men in Nursing

Although nursing has historically been a female-dominated profession, men have always contributed as nursing care providers. Some of the world's earliest documented civilizations' sick and ill were attended to by men (O'Lynn & Tranbarger, 2007). In the Bible, The New Testament Version, Luke 10:25–37 describes both the Good Samaritan and innkeeper providing care for an injured man. Most people are unaware that men working in the nursing tradition date back as far as the pre-Christian and Christian eras (O'Lynn & Tranbarger, 2007). Nevertheless, those who provided care or aid to either sick or injured individuals may not have been called nurses. During the early Christian era, the number of hospitals increased significantly, as did the number of male religious orders that cared for the unwell or wounded (Evans, 2004; O'Lynn, & Tranbarger, 2007).

St. John of Jerusalem, an all-male religious order, was established to protect traveling pilgrims, build hospitals, and nurse pilgrims during the crusades (Kingsley, 1978; Mackintosh, 1997). Today, the legacies of the Knights of St. John carry on through the St. John's Ambulance Association whose purpose is to administer first aid and treatment to individuals who are sick or wounded (Evans, 2004). Several other male religious orders participated in early nursing, such as the Brothers of St. Anthony in 1095 and the Alexian Brothers in 1472, and cared for beggars and lepers (Evans, 2004). Similarly, Christian military orders, such as the Knights Hospitallers of St. John of Jerusalem, the Knights of St. Lazarus, the Knights Templar, and the Teutonic Knights, made nursing contributions that focused on care of the wounded (O'Lynn & Tranbarger,

2007). Many argue that these individuals were not nurses in a modern sense because they had not been formally trained; however, others agree that these men played a significant role in caring for the ill or injured (O'Lynn & Tranbarger, 2007).

The 19th century witnessed the diminishing purview of males in such caregiving roles with the rise of nursing's matriarch, Florence Nightingale (Mackintosh, 1997; O'Lynn & Tranbarger, 2007). Nightingale's view of nursing was stringently feminine and deemed nursing "a suitable profession for women because they were nurturing and caring by nature" (Cude, 2004, p. 344). Evans (2004) claims that Nightingale believed women were natural nurses who did not require additional education and that Nightingale focused on recruiting and training only upper middle class women into the profession. During this time, an example of formal gender segregation occurred in England when female nurses were allowed full entitlement on the nursing registry, but males were placed on a separate registry (Evans, 2004; Mackintosh, 1997; O'Lynn & Tranbarger, 2007). Additionally, men had limited entry into nursing schools and training opportunities and reported hostility from female colleagues during that era (Mackintosh, 1997).

In 1937, the Society of Registered Male Nurses was formed in England as an effort to encourage men into the nursing profession (Evans, 2004). It was not until the mid-20th century that active nursing reform began. In 1947, the gendered segregation of nurse registries disbanded and men were allowed employment and education equity in nursing (O'Lynn & Tranbarger, 2007). Canadians were also dealing with issues regarding gender segregation. Evans (2004) explains that in 1961, only 25 out of 170 nursing

schools in Canada accepted male students as men were viewed as somewhat inappropriate for a feminine caregiving role.

In 1971, the American Assembly for Men in Nursing was formed whose primary goal was to respond to sexist and racist attitudes that impeded men from joining several nursing organizations (Evans, 2004). Subsequently, men have fought for equal nursing practice rights by law; for example, in 1982, in the case of Mississippi University for Women (MUW) vs. Hogan, an associate degree male nurse applied for admission to the Bachelor's Degree in Nursing Program at MUW but was "denied admission based solely on his sex and sued for violation of the Equal Protection Clause of the 14th Amendment of the US Constitution" (O'Lynn, & Tranbarger, 2007, p. 31). The district court found in favour of the state; however, an appeal later reversed the district court's decision to discriminately bar men from entrance to a publicly funded nursing school (O'Lynn, & Tranbarger, 2007). The early struggle for approval has inherently affected the acceptance of men in nursing and for men to practice and learn about nursing today.

Why Men Choose Nursing as a Career

Historically, there has been a direct relationship pertaining to the role gender plays in nursing as a career option (O'Lynn, & Tranbarger, 2007). As more men enter the profession, they continue to challenge stereotypes that prevent men from choosing nursing as a career (Evans, 2002; Harding, 2007; Kalisch & Kalisch, 1982b; Mackintosh, 1997). The literature suggests that men, unlike women, have ulterior motives for choosing nursing, indicating that money or a good salary influences the choice of nursing as a career (Boughn, 2001; Hemsley-Brown & Foskett 1999). Meadus and Twomey (2007) support this finding stating that men choose nursing for practical reasons such as

salary, security, and career opportunities. In 2007, Meadus and Twomey studied 62 males utilizing a self-report survey tool to explore why they chose nursing as a career. The participants had been practicing nursing for an average of 13.2 years. Although career opportunities, job security, and salary were the most common reasons listed by the author in order of importance, others identified the opportunity to travel as attractive. Nine respondents entered the profession “because they wanted to be part of a caring profession; they felt it was their calling” (Meadus & Twomey, 2007, p. 15).

Marsland, Robinson, and Murrells (1996) explored the career intentions of men and women newly qualified as registered nurses. Questionnaires were delivered to 1,164 registered nurses shortly after they qualified in the general nursing class. A response rate of 87% was achieved, of which 92% were female and 8% were male. The results indicated that men entering nursing tended to be older: only 38% were between the ages of 20–24 (Marsland et al., 1996). Men were more likely to have worked in another job prior to entering nursing, unlike their female counterparts (94% [n=74] vs. 77% [n=721]; Marsland et al., 1996). Men appeared to have different motives for entering nursing than women. Male respondents wanted a job that allowed them to travel. The incentive of prospective career promotion was deemed important as well (Marsland et al., 1996). Interestingly, men were also more likely to plan on pursuing research, education, and management (Marsland et al., 1996).

Goodin-Janiszewski (2003) reported that the image of nursing remains poor among young men and, therefore, young men are not looking at nursing as a career option. Therefore, recruitment must concentrate on attracting more individuals, including young men. In a mixed methods exploration, Hemsley-Brown and Foskett (1999) studied

410 young people's perceptions of nursing and career desirability, specifically to identify and examine reasons why young people choose or reject nursing. Study participants of both genders expressed that their desire to become a registered nurse resulted from an aspiration to assist others. The researchers conducted segregated focus groups of boys and girls spanning three different age groups. While the majority of young people reported that the main reason for wanting to become a nurse "was the wish to be involved with helping people" (Hemsley-Brown & Foskett, 1999, p. 1345), males (39.5%) were much more likely to not be interested in nursing for reasons such as nursing being associated with female work (Hemsley-Brown & Foskett, 1999).

Barkley and Kohler (1992) investigated reasons contributing to the attitudes and views held by young men that influence their career choices. The authors discovered that print, television, and other media act as a major determining factor regarding career perception and choice. In terms of creating an image of nursing for young people, television and other media have become a "pervasive and persuasive medium in our society and...a powerful image maker" (Barkley & Kohler, 1992, p. 14). Some authors argue that the negative or comical depiction of males in nursing in popular media explains the public's perception of image and, therefore, may be a deterrent for choosing nursing as a career opportunity (Bridges, 1990; Kalisch, & Kalisch, 1982a, 1982b; O'Brien, Mooney, & Glacken, 2008; Oxtoby, 2003).

In addition, Weaver, Ferguson, Wilbourn, and Salamonson (2014) studied the image of men in nursing in popular television. In this qualitative exploration, five North American medical programs on television from 2007 to 2010 were analyzed. The findings exposed preconceptions about male nurses being mistaken for physicians,

questions of homosexuality, or feminizing their role. These shows explicitly addressed stereotypes and, at the same time, implicitly reinforcing negative stereotypes through humour. Therefore, in these television shows, male nurses seemed to struggle with questions about their career choice, masculinity, homosexuality, and role.

Where Men Work

Men who choose nursing as a career may not elect to work in their desired specialty clinical area for a variety of reasons. A number of studies have examined why males select nursing as a career and where they typically choose to work (Evans, 2004; Grady, Stewardson, & Hall, 2008). The Canadian RN Workforce Profile reveals that most men in nursing work in clinical specialty areas such as mental health (14.64%) and emergency care (10.27%; Canadian Nurses Association, 2010). This evidence suggests or can be interpreted as the notion that men are attracted to working in crisis intervention or fast-paced acute care clinical environments (Evans, 2004; Grady et al., 2008).

Male nurses continue to be a minority in their profession; in Canada, they represent only 7.07% of nursing professionals (CIHI, 2014). The same trends have been identified in other countries, such as in Australia where male nurses comprise 9.6% of the overall nursing population (Australian Institute of Health and Welfare Canberra, 2009 [AIHWC]). Likewise, while continuing to increase, in the United States the male nursing population only consists of 9.6% of the total nursing population (U.S. Department of Health and Human Services [USDHHS] Health and Services Administration Resources, 2010).

Stereotypical Perceptions Regarding Male Nurses

While more men are choosing nursing as a career than in the past (AIHWC, 2009; CNA, 2010; USDHHS, 2010), male nurses still report that stereotyping and gender bias continues by both colleagues and the public (Armstrong, 2002; McMillian et al., 2006; Roth & Coleman, 2008). The promotion of stereotypes among healthcare workers and the general population appears to dissuade males from entering a career in nursing (Turnipseed, 1986).

Harding (2007) conducted a study to examine the stereotype that males in nursing are gay and how this impacts male nurses. The social constructionist design of his research elicited information through discourse analysis of texts by men related to the topics of nursing and masculinity. Harding identified three themes through his research: (a) persistence of the stereotype of the gay male nurse, (b) encountering homophobia, and (c) strategies to protect one's sexuality. Harding explained that heterosexual men employed tactics to evade homosexual stereotyping such as dissociating with homosexual colleagues and expressions of heterosexuality such as proclaiming heterosexual marital status. The stereotype that male nurses are homosexual is extensively illustrated in the literature (Evans, 2002; Harding, 2007; Hemsley-Brown & Foskett, 1999; Inoue et al., 2006; Turnipseed, 1986). The creation of homosexual stereotypes exposes male nurses to homophobia from both patients and coworkers, which inevitably becomes a barrier for recruitment of men into nursing (Harding, 2007).

Subsequently, according to Chur-Hansen (2002), the nursing task or clinical situation is important in determining a client's preferred gender for a nurse providing care. Chur-Hansen conducted a quantitative study that investigated such preferences of

both men and women, dependent on a variety of clinical circumstances. In order to establish if preferences had changed over time, the research replicated a previous study from 1984. The researcher determined that most clients prefer a nurse of their own gender when they felt compromised or they were provided with intimate care (Chur-Hansen, 2002). The attitudes and preferences regarding gender and nursing preference did not change significantly from 1984 to 2000 (Chur-Hansen, 2002). Thus, this exemplifies that females prefer a nurse of their own gender when nursing care is required and implies that men feel the same.

Takase, Kershaw, and Burt (2002) surveyed 82 registered nursing students at a university in Western Australia. Of the 27.3% response rate, men comprised 5% of the study's participants. The survey identified issues surrounding perceptions of common stereotypes, self-concept, self-esteem, job satisfaction, and career importance. The researchers discovered that participants negatively perceived their public image (Takase et al., 2002). Furthermore, the researchers suggested that "a nurse who perceives his or her image more negatively is likely to develop low self-concept" in their abilities (Takase et al., 2002, p. 202). The authors discuss the discrepancy between the nurses' perceptions and public opinions.

There is image discrepancy between nurses' perceptions of the public opinions regarding "their profession and the perception of self as a nursing professional. This discrepancy, resulting from public stereotypes, is assumed to constrain the potency of nursing practice and leads to incongruence between the ideal and actual self" (Takase et al., 2002, p. 202). Interestingly, it appears that the author suggests that nurses develop negative self-concept in their abilities due to the creation of stereotypes. This is

significant especially in the minority population of men who already face adversity as described in the research above.

O'Brien et al. (2008) studied young Irish nursing students' perceptions of nursing as a career prior to their first clinical placement, using focus group data to satisfy their research criteria. A sample of 23 students, where the ratio of males to female respondents was reported only as substantially less, participated in focus group interviews. Three themes emerged from the interviews regarding nursing: the caring component, gender issues, and the missing link. The majority of respondents from focus groups said they had an instinctive need to care for other people.

Eight interview respondents noted that nursing had not been their first career choice. One student explains: "I love what I'm doing now and would be happy to stay in it but if I had the chance to get into medicine I would definitely take it" (O'Brien et al., 2008, p. 1846). The general consensus among those interviewed was that males in Irish society were not encouraged to enter nursing and those who do apply fear telling people or dealing with ridicule. The researchers concluded that the impact of society and general perceptions of nursing and nurses is somewhat linked with media influence and can vary from being a valued career to one that does not require independent decision-making abilities (p. 1849).

The work of Rajacich, Kane, Williston, and Cameron (2013) explored the concerns surrounding recruitment, retention, and job satisfaction of male nurses working in acute care settings. In this qualitative analysis, 16 men participated in focus groups and their ages ranged from 21 to 48 years old. The participants had on average 9.6 years of experience. Participants described themselves as visible minorities and described

having to prove themselves to both clients and colleagues alike. The men described being expected to engage in heavy work that required strength. Lastly, not all of the participants appreciated being referred to as a “male nurse” and, consequently, wanted to be identified with the term nurse.

Acceptance by Female Nursing Colleagues

Male nurses sometimes experience persistent hostility from female colleagues (Floge & Merrill, 1986; McMillian et al., 2006). Historically, men and women as nursing colleagues have been at odds, as not all female nurses support the notion of males pursuing a career in nursing (O’Lynn & Tranbarger, 2007). McMillian et al. studied 105 female registered nurses in the Midwestern United States, achieving a 46% response rate. The purpose of the research was to identify attitudes for acceptance towards male nurses by their female colleagues. The data indicated that in almost equal amounts, the participants described both high and low levels of acceptance by their female nursing colleagues towards their role (McMillian et al., 2006).

McMillian et al. (2006) suggested that the amount of time a female nurse has socialized with a male nurse might account for this discrepancy. “Years worked with a male nurse accounted for 6.8% of the total variance ($F=.0242$) indicating that, for the sample, working with a male nurse over time increased acceptance” (McMillian et al., 2006, p. 104). The researchers explain that further qualitative studies may add to analyzing the impending stereotypes that lead to the acceptance of male nurses by their female counterparts.

Many male nurses experience societal stereotyping that portray them as gay or effeminate, while others tire of having to explain their role in nursing (Evans, 2002;

Streubert, 1994). Gender stereotypes for males in nursing are noticeably different from that of their female colleagues. The male nurse's professional motives are often construed as hypersexual and, as a result, could be seen by the public as sexual in nature or predatory (Huston, 2010). Woldt (2008), as cited in Huston, stated "that while some individuals perceive that male nurses are less sensitive, they might, in fact be holding back on reaching out to patients physically, in fear that their actions might be perceived in the wrong manner" (p. 344). When these stereotypes are compounded by homosexual labeling, the male nurse's attempts at caring in practice are viewed with suspicion in circumstances where there is touch involved by men, women, and children alike (Evans, 2002; Harding et al., 2008; Nelson & Belcher, 2006).

Sexualizing Men's Touch

The stereotype of sexualizing men's touch in nursing can discourage men from carrying out the caring work they listed as a reason for entering nursing care (Cowen & Moorhead, 2011). In a study by Harding et al. (2008) exploring the experience of male nurses providing physical intimate care, it was determined that:

For men in general nursing, touch has become loaded with sexual innuendo creating an environment in which (a) the intimate nature of much nursing places men at risk; (b) the risk may become evident only retrospectively and on deliberate reflection; and (c) the protective strategies men use can create abnormal nurse patient relationships: a relationship charged with suspicion by the very measures participants described taking to respect their patients and to protect themselves (p. 99).

The act of touch remains an integral part of nursing practice between the nurse and the client. Harding et al. completed a discourse analysis using texts of public knowledge and in-depth interview data from 18 male nursing participants. Four main themes emerged from the interview data:

1. Sexualizing of men's touch and nursing's subscription to this discourse;
2. Stress associated with feeling vulnerable to accusations of sexual impropriety;
3. Strategies to keep oneself safe; and
4. The failure of nursing to support men in developing strategies to protect both themselves and their patients (p. 93).

The research participants also voiced concerns of homosexual stereotypes (Harding et al., 2008). Whittock and Leonard (2003) discuss that despite a shift in acceptance toward a male nursing role in health care, males still appear excluded from gender-specific areas. In some instances, nursing administrators have barred men from caring for female clients as they perceived men to be a sexual threat (Harding et al., 2008).

Male nurses, in particular, face difficulties in their practice as a result of their gender or sexualized stereotypes associated with their gender. The sexualized stereotypes often act as barriers in the provision of nursing care and can lead to legal or ethical issues (Prideaux, 2010). Although the above literature has acknowledged a history of males as nurses, their contributions are not always recognized (Meadus, 2000). The existence of societal and gender-based barriers or stereotypes concerning title and image continue to discourage male candidates from entering nursing (Barkley & Kohler, 1992; Villeneuve, 1994). Several studies have examined opinions about males choosing nursing as a career

and the barriers male student nurses face in clinical situations (Meadus, 2000; O'Lynn, 2004; Roth & Coleman, 2008; Turnipseed, 1986).

Barriers to Recruitment of Men in Nursing

The impact of gender-based barriers on male nursing students is significant and the recruitment of males into nursing is poor (Mackintosh, 1997; Meadus & Twomey, 2007; Nelson & Belcher, 2006; Villeneuve, 1994). O'Lynn (2004) studied a diverse sample of male nurses to identify the importance of perceived gender-based barriers for male nursing students. The researcher distributed 200 surveys to current members of the American Assembly of Men in Nursing and received a response rate of 61%. Overall, the researcher identified the prevalence of barriers for male students in nursing programs to be quite high. His findings suggested that nursing education has done poorly in creating environments that both retain and attract men into the profession. This study identifies the significant impact that gender barriers have on attracting and retaining men into nursing programs and the work that is required in nursing education to alter the barriers.

The Male Role in Maternal-Newborn Nursing

It is difficult to determine what draws men to nursing when males represent only 7.07% of the registered nurse (RN) workforce in Canada (CIHI, 2014). The CIHI 2013 RN Workforce Profile noticeably highlights that only 0.20% of men are working in maternal-newborn nursing positions compared to the percentage of females. There is limited research specifically addressing men in maternal-newborn nursing; yet, researchers have discussed some of the experiences of student nurses in maternal-newborn care.

According to Inoue et al., (2006), providing intimate care for female clients is often challenging for male nurses and can inevitably put men in difficult situations. Inoue et al. conducted a phenomenological study describing male nurses' experiences of providing intimate care to female clients. Twelve male nurses in Australia were interviewed. Three themes emerged through data analysis: definition of intimate care, emotional experiences associated with providing intimate care, and strategies used to assist in the delivery of intimate care.

Overwhelmingly, "All of the participants in this study reported that they found the experience of providing intimate care for woman clients challenging" (Inoue et al., 2006, p. 564). The participants discussed the coping strategy of humour, which was consistent with the results of other studies (Evans, 2002). The researchers elucidate that supportive environments are important for male nurses to freely talk about experiences (Inoue et al., 2006).

McRae (2003) surveyed a sample of three convenience groups: 599 male RNs, 337 Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) members, and 130 pregnant women. The survey included cross-sectional and structured open-ended questionnaires exploring the role that males have in obstetrical nursing care. Three different response rates were captured: male RNs 33.9%, AWHONN members 33%, and pregnant women 100%. Analysis of the quantitative data showed that 73% of AWHONN members had an affirmative position towards male colleagues working in obstetrical nursing care .

Interestingly, McRae (2003) reported that 33.9% of male RNs demonstrated a lack of interest in obstetrical nursing; 33.9% said they would not enter obstetrics because

of societal bias, and 3% would not because of the uncomfortable environment. Interestingly, 67.6% of pregnant women answered positively toward a male nurse being present during their delivery in contrast to the 16.2% with negative feelings. An additional 16.2% voiced that it might be awkward or uncomfortable to have a male nurse. The research largely concluded that men are not choosing obstetrical nursing because of lack of interest, lack of comfort level, and societal bias.

Lodge, Mallett, Blake, and Fryatt (1997) studied gynecological patients' perceived levels of embarrassment with physical and psychological care given by female and male nurses. The sample included 91 clients admitted to a gynecological ward over a 6-week period; a 93% response rate was indicated. Respondents were asked open and closed-ended questions and completed standardized questionnaires in order to ascertain the type or nature of care respondents considered embarrassing. The results demonstrated that semi-intimate care, such as assistance undressing, would be embarrassing if provided by a male nurse which proved statistically significant.

Furthermore, the researchers categorized nursing care as semi-intimate and intimate. "Semi-intimate care involves some undressing and/or revealing 'private' articles of clothing such as bra or panties. Intimate care was considered to include such procedures as giving a bath, a bed pan, checking a sanitary pad" (Lodge et al., 1997, p. 897). Interestingly, when receiving care from a male nurse, women reported they would be most embarrassed by removing undergarments (22%), bathing (21%), having their sanitary pad checked (20%), sexual counseling, (14%) and having their bed pan cared for (11%), respectively. The researchers concluded that client preference for nurse gender did not appear dependent on age; however, considerable preference for a female nurse by

women was distinguished. Lodge et al. identified the need for further qualitative studies to ascertain why females may object to specific care provided by males.

Similarly, obstetricians provide intimate care to clients in maternal-newborn settings where the gender of the caregiver can become a barrier to the provision of care. Howell, Gardiner, and Concato (2002) studied gender stereotypes experienced by men in maternal-newborn nursing. The researchers studied gender preferences for obstetricians in a hospital setting. A mixed method approach was utilized in which face-to-face open-ended questions and Likert Scale questionnaires were distributed. The sample consisted of 67 obstetrical patients at a Yale-Newhaven Hospital, with a response rate of 99%. The theme noted by almost all participants was comfort. Howell et al. reported that if a bond with an obstetrician was felt by the client, then gender was no longer important. Among the women surveyed, 58% had no preference for physician gender. Nevertheless, when asked about gender preference concerning nursing staff, 61% preferred having a female. The findings suggest that women may still prefer a female caregiver and, thus, could affect how male caregivers are perceived in a maternal-newborn environment.

Male nursing students also appear to encounter negative experiences in maternal-newborn settings (Callister, Hobbins-Garbett, & Coverston, 2000; Turnipseed, 1986). Patterson and Morin (2002) found that male students have expressed concerns about their maternal-newborn rotations that leave them feeling uneasy or incompetent about providing care to female clients. Regardless of gender, men should feel confident that they provide the same level of care as their female colleagues. Some argue that females receive a nursing education that allows them to provide professional and competent care

to male clients; thus, a male nurse with the same education should be held at an equal level (Brown, 1986).

Patterson and Morin (2002) evaluated the perceptions of male student nurses' experience in a maternal-newborn setting. A phenomenological, inductive, and descriptive approach was utilized in terms of study development and design. The researchers conducted audiotaped interviews and then used Colaizzi's (1978) method to analyze collected data. The sample consisted of 12 male Baccalaureate nursing students from a private university in Southeastern Pennsylvania, U.S.A. The authors presented three themes: perceptions about maternal child rotation, enduring clinical rotation, and surviving clinical rotation. Patterson and Morin reported that they believed "that maternal-child nursing was primarily a setting for woman and that, with the exception of physicians and husbands, other men were just visitors or 'invaders' (p. 269).

Literature Review Summary

A historical review of males in nursing and their contribution reveals that society has often thought somewhat negatively about their presence, particularly men who choose maternal-newborn nursing (O'Lynn, 2004). The review of pertinent literature reveals that stereotypical attitudes still exist regarding men who choose nursing as a career. This career decision can make it difficult for males to work in certain clinical areas (Hemsley-Brown & Foskett, 1999; O'Lynn, 2004; Whittock & Leonard, 2003). Nevertheless, the number of men entering nursing appears to be increasing globally. In order to change gender stereotypes, action must be taken to sustain the male presence. Research in healthcare has shown that the presence and care of men has been sexualized or branded as homosexual. Female nursing colleagues have revealed feelings of

uneasiness regarding the care provided by their professionally equivalent male colleagues. As a result, attitudes concerning a male's presence in nursing must change, specifically in maternal-newborn settings.

Maternal-newborn nursing is directly associated with care of an intimate or personal nature such as sexual education, feminine hygiene, breastfeeding, and infant care. Male nurses must understand that maternal-newborn nursing can be an opportunity to provide the professionally equivalent nursing care that society has long viewed as women's work. It is important to understand the male nurse's experience in a maternal-newborn clinical nursing role and the motivation for practicing in that setting. It is vital to make recommendations that support professionally equivalent care without gender stereotypes. Along with creating a picture or representation of the male nursing role in a maternal-newborn setting, exploring their experiences in those roles may be the first step in improving society's gender attitudes and de-stigmatizing a male's role in maternal-newborn nursing practice.

The nursing literature reviewed provides a base for investigating the experiences of men who work in maternal-newborn settings. The literature is dichotomous as it represents both negative and positive aspects of men in nursing. Through the review of literature, the author recognized that the connecting similarities of the themes highlight the need to investigate what the experiences of men who specifically care for maternal-newborn clients are. Hence, the literature provides the primary investigator (PI) with a foundation that can be built on understanding the experiences of men in nursing, specifically those who work in nontraditional areas. Additionally, the experiences in the

literature above can be used to shape the recommendations that may prove useful in practice.

Theoretical Framework

A number of theoretical models were reviewed to determine the best model to guide this Master's thesis: Ginzberg, Ginzberg, Axelrad, and Herma's (1951) Theory of Occupational Choice, Roe's (1956) Theory of Occupational Choice, Krumboltz's (1976) Social Learning Theory of Career Selection, and Hansen's (1997) Theory of Integrated Life Planning. All of the theoretical models were reviewed for strengths and limitations. Criteria for review included readability, logical structure, explicitness relating to phenomenon, system of concepts, and ability to guide the research.

As a result, Krumboltz's (1976) Social Learning Theory of Career Selection (SLTCS) was carefully chosen to provide a theoretical base for this research study. Krumboltz reveals that individuals will choose their career as a result of experiences or inspirational moments in their lives. These inspirational moments and experiences are not limited to any single person, place, or thing such as a parent, teacher, mentor, interest, geographic location, or animal. Krumboltz points out that influences, such as where an individual resides or what they have learned, also inherently guide an individual's career selection.

In order to align career development with this research study, a fulsome review of four career development theories which focus on how human development might affect decisions about occupations have been reviewed. All the theorists recognize that change and experience is a fundamental aspect of their models. They appreciate that career development does not have a linear progression and that deviations are inevitable. The

congruency between all three frameworks is that finding work that suits one's skills, interests, and fulfillment is essential in providing meaning to one's occupation.

However, Krumboltz's (1976) theory recognizes (a) what influences and drives individuals to pursue certain educational pathways or occupations, (b) why individuals prefer different occupational activities, (c) how interactions or learned experiences lead to career choice, and (d) what inheritance has to do with career choice. The assets within Krumboltz's theory offer a rich description of the elements that guide career choice and identify the outcomes that result from the elements. Consequently, the theory provides an understanding of an individual's career path. Therefore, Krumboltz's SLTCS was used as a theoretical framework for this Master's thesis as an effort to offer a clearer picture on the subject of career choice or occupation selection specifically for men who choose maternal-newborn nursing care.

Social Learning Theory of Career Selection (SLTCS)

The theoretical underpinnings of Krumboltz's (1976) theory of career selection are rooted in social learning; individuals make career decisions based on uncontrollable learning experiences including encounters with others, institutions, and events occurring in the individual's environment, and, as a result, choosing a career path by what has already been learned and experienced. Krumboltz discusses four factors which explain why individuals make specific career decisions: (a) genetic endowment, (b) environment conditions and events, (c) learning experiences, and (d) task approach skills.

The first factor, genetic endowment and special abilities include race, gender, and physical appearance. The second factor, environmental conditions and events are the economic, natural, social, political, or cultural and can be either strategic or unintentional.

Krumboltz (1976) explains that environmental factors are often not within the individual's control. The third factor speaks to the fact that all individuals have vastly different learning and these experiences lead them in the direction of their occupation. Krumboltz elucidates that people vary both in their ability to profit from past and present learning experiences and access to supplementary learning experiences due to genetic endowment. The final factor of the task approach skills Krumboltz describes as a culmination of the first three factors: how an individual develops their performance standards, work habits, and emotional response.

According to Krumboltz (1976), genetic makeup is a contributing factor as to why individuals select certain careers over others. His reference to genetic makeup includes but is not limited to both physical design and mental aptitude or capacity. Krumboltz explains that genetics may limit an individual's career opportunities or permit the individual to have a specific skill set that makes him/her good at something. An example of this may be sex, race, and physical appearance. If an individual has special abilities, such as astuteness, are athletic, melodic, or creative, then this is a result of genetic factors and may contribute to their career choice.

One's environmental conditions affect an individual's career choice as well. These conditions consist of a person's educational or career opportunities as they relate to cultural, social, economic, or political factors; these factors are generally out of an individual's control. Krumboltz (1976) discusses the degree of significance pertaining to environmental factors influencing opportunities and experiences. An example of this can be presented as likelihood of a person having the opportunity to attend college or

university through available government grants, choosing a particular college or university or selecting an academic stream based on family tradition.

Learning experiences play a key role in the career selection process. As individuals mature, they are faced with unique learning experiences. Individuals may not necessarily remember exactly when these experiences occur, yet they recollect the broad assumption of the experience such as petting or playing with a dog as a young child and then growing up to love animals. Krumboltz (1967) further subcategorizes learning experiences to instrumental and associative learning experiences.

Instrumental learning experiences involve previous circumstances, both overt and covert behavioural responses, and life's consequences. Krumboltz (1976) states what a person chooses for his/her career can be based on either positive or negative reaction. For instance, if a person receives positive reinforcement for his/her actions, then he/she is more likely to further explore career options based on that action. Conversely, if a person receives negative feedback for an action, then he/she becomes less likely to choose that as a career. For example, a young person who is continuously told how great he/she is at managing his/her money may choose to become an accountant. Associative learning experiences can cause occupational stereotypes as the individual experiences environmental stimuli such as reading, hearing, or witnessing what others think. Therefore, associative learning experiences can be understood as an experience that labels a specific career choice. For example, a person hears a family member state in a discussion that all male flight attendants are likely homosexual; this may impact their career choices.

Connections to previous experiences, inherent features, and environmental stimuli produce task approach skills. Krumboltz (1976) notes that an individual's work habits, emotions, and performance appear as task approach skills. This aspect of the Krumboltz theory seems to take into account the skills that a person has garnered as time moves forward. An example of this may be if a parent is musically gifted in that he/she sings and or plays an instrument, their child will have more exposure to these skills. Thus, a child who is exposed is more likely to use these skills as they mature and potentially choose a career that utilizes these skills.

The above four factors have the ability to collaborate and guide decisions regarding career choice. Therefore, genetic endowment, environment, and learning experiences can form how a person feels about his/her abilities and beliefs (Krumboltz, 1976). Krumboltz suggests that certain factors affect career decisions in four ways through generalizations: (a) through self-observation, (b) worldview, (c) task approach skill, and (d) action.

Self-observation generalizations can be both obvious and clandestine and are the learning experiences that allow individuals to form conclusions about themselves. People may compare and contrast their own personal performance with others. Individuals begin to come to conclusions about their abilities and competences. An example of this may be a student who takes an introductory statistics course and does well and decides to enroll in another statistics course because he/she learns that it is something he/she is good at. As self-observation occurs, the individual also considers the interests that result from his/her learning experiences.

Worldview generalizations address what Krumboltz (1976) calls the nature and functioning of the world that are refined from learning experiences. The precision in which individuals form worldview generalizations directly depends on their unique learning experiences. An example of this may be individuals who continually receive positive praise or reward when they have worked hard at something; thus, the likelihood of believing that this work pays off is evident.

As discussed above, the task approach skills that individuals develop influence career choice and are the outcomes of specific learning experiences that they have had. Krumboltz (1976) explains that the task approach skills that are important to fostering a career are the ability to make decisions, solve problems, set goals, and gather information. Therefore, when an individual seeks educational experience, such as interview or resume writing skills, then they are honing the task approach skills that lead to career progress.

Krumboltz (1976) suggests that actions are a result of the learning experiences an individual encounters that lead someone to pursue a particular career. Examples supporting learning experiences might consist of applying to a particular education program, such as nursing, based on an encounter that positively highlighted this career as an option. Krumboltz explains that the decisions that individuals make about their career is often influenced by many factors that exist outside of their control. He further explains that individuals prefer a career when the following conditions have been satisfied and, conversely, if they have not.

- 1) They have succeeded at tasks they believe are like the tasks performed by members of that occupation.

- 2) They have observed a valued model being reinforced for activities like those performed by members of that occupation.
- 3) They have had a valued friend or relative stress the occupation's advantages to them; they observed positive words and images being associated with it or both (p. 19).

Using the Theoretical Framework as a Phenomenological Lens in This Research

In this study, linkages will be drawn from Krumboltz's (1976) framework by examining the impact of four categories: (a) genetic endowment and special abilities, (b) environmental conditions and events, (c) learning experiences, and (d) task approach skills. A description of the meaning of the lived experiences of men who choose maternal-newborn nursing as a career can be identified. It is believed that the factors above support how men who work in maternal-newborn nursing form generalizations, opinions, and beliefs that may represent their own truth or reality. This study on lived experience reflects how some men perceive their reality and potentially the world around them as it influences their actions, skills, and/or future aspirations in nursing. As a result, Krumboltz's theory of career selection will allow the PI to dissect why men choose maternal-newborn nursing as a viable career choice.

Linkages Between Theory and Research Approach

The use of phenomenology as a theoretical view concentrates on discovering how the participants understand and identify with the world in terms of its meanings and how they describe their experiences. Therefore, the use of theory in this study was designed to offer insight into the lived experience of the participants. In addition, the use of theory attempted to trigger a broader description about their unique career pathway. Utilizing a

theoretical framework is meant to sensitize the PI to main concepts of the phenomenon so that the PI can investigate the experience holistically. A direct linkage between theory and research approach can be identified by examining lived experiences of men who choose maternal-newborn nursing and are central to phenomenological research and will be further discussed below. Moustakas (1990) explains: “Through exploratory open-ended inquiry, self-directed search and immersion in active experience, one is able to get inside the question, become one with it and thus achieve an understanding of it” (p. 15).

By gaining access to the experiences of men currently working in maternal-newborn nursing positions using Clark Moustakas phenomenological approach, the researcher may become thoughtful of the meanings and perceptions of another person’s world (Pascal, Johnson, Dore, & Trainor, 2010). The phenomenological research approach that Moustakas describes was utilized to explore the factors that affect career selection as described by Krumboltz (1976) such as genetic endowment and special abilities, environmental conditions and events, learning experiences, and task approach. Krumboltz describes these learned experiences as uncontrollable which may directly or indirectly determine career path.

CHAPTER THREE: METHODOLOGY

This descriptive phenomenological research study used Moustaka's (1994) design. Moustaska's (1994) Husserl-motivated methodology aims to discover the essences and general meaning of the phenomenon through rich description. This study utilized face-to-face and telephone interviewing as a means of data collection. The sample chosen was purposeful as this research only required information from men who work in a specific nursing position (Patton, 2002). The research explored male nurses' perceptions of their experiences in a maternal-newborn nursing role as it relates to understanding the social, cultural, occupational, and historical context of this gender related phenomenon.

Study Design

Research Questions

The predominant question directing this proposed study is: "What are the experiences of men who choose to work in maternal-newborn nursing roles?" Utilizing Moustakas' (1994) approach of exhausting broad questions for obtaining rich, vital, substantive descriptions of the participants' experiences of the phenomenon and to sensitize potential issues, the PI considered the following in the development of his research questions:

- What dimensions, incidents and people intimately connected with the experience stand out?
- How did the experience affect the participant? What changes does the participant associate with the experience?
- How did the experience affect significant others in their life?

- What feelings are generated by the experience?
- What thoughts stood out for the participant?
- What bodily changes or states was the participant aware of at the time?
- Has the participant shared all that is significant with reference to the experience? (Moustakas, 1994, p. 116)

This research was designed to address the following questions by interpreting the “essences and meanings the human experience” as described by Moustakas (1994) and reflecting on Krumboltz (1976) theory. The following enquiries guided the Primary Investigator’s interview:

- How do male nurses describe their role and experiences in maternal-newborn health nursing?
- What were the key influences that guided the male nurses’ decision to work in a maternal-newborn role?

Sampling Method

The PI recruited male nurses who “have had experiences relating to the phenomenon to be researched” (Kruger, 1988 p. 150). Male nurses were recruited by several means that included emailing the chair of the RNAO Men in Nursing and Maternal Child Interest Group (MING) and Maternal Child Nursing Interest Group (MCNIG) about promoting this research study on the interest group’s message board, list serve, and Facebook page (see Appendix A). In order to attract additional participants, snowball sampling techniques were used. Snowballing is a method of expanding the sample by asking participants to recommend others for interviewing (Babbie, 1995; Crabtree & Miller, 1992). The participants who were interviewed were asked if they

would provide information about this study to any prospective male colleagues thereby potentiating the practice of snowball sampling. The Primary Investigator uploaded a notice of recruitment poster (See Appendix B) to both the MING and MCNIG list serve and Facebook pages. All participants received a letter of invitation (see Appendix C)

Sample Size

Both Boyd (2001, p. 65) and Creswell (1998, p. 113) recommend “long interviews with up to 10 people” as appropriate for a phenomenological study. Therefore, the PI attempted to recruit a sample size of 10 nurses. Though, in qualitative research an optimal sample size is one that effectively answers the research question (Loiselle & Profetto-McGrath, 2004; Patton, 2002; Polit & Beck, 2004; Portney & Watkins, 2000). The interviews continued until saturation was reached. Within the context of this research study, this meant that no new themes or ideas were emerging, when additional participants added very little to what has already been learned by the PI (Rubin & Rubin, 1995).

As a result, men who worked in both Public Health and Acute Care maternal-newborn nursing roles were recruited. As the pool of potential key research informants was small, participants were required to (a) be male, (b) be registered with the College of Nurses of Ontario, and (c) have cared for woman or newborns during the postpartum period during their career. The postpartum period is defined as “the 6 week period after childbirth” (Pillitteri, 2003, p. 596). All participants who agreed to take part in the research were mailed a Tim Horton’s gift card valued at \$20 in appreciation of the time they gave.

A back-up plan was introduced when the sample size remained at less than five participants within 2 months of data collection. The PI submitted a request to the College of Nurses of Ontario (CNO) requesting a home mailing address list (see Appendix D). In addition, a notice of recruitment poster along with an information letter was sent to the home addresses of eight potential participants provided by the CNO. Out of the eight contacted, only four participants replied with expressed interest. Those who expressed interest were then contacted by telephone, therefore, adding to the number of participants and resulting in two additional participants.

Research and Data Collection Procedures

The PI conducted all interviews and a Research Assistant (RA) was utilized to transcribe all interview data verbatim. The RA was trained to ensure data transcription consistency. The RA was required to sign a confidentiality agreement (see Appendix E) before coming in contact with research participants or research data. This practice further enhanced the rigor of the study. Furthermore, the PI believed that having an unbiased individual transcribe each interview did increase the likelihood of epoche as described by Moustakas (1994).

Each participant was interviewed independently, a process universal to qualitative research (Fontana & Frey; 1994, Patton, 2002). The purpose of utilizing interviews is to facilitate “the establishment of human-to-human relation with the respondent and the desire to understand rather than to explain” (Fontana & Frey, 1994, p. 366). The interviews lasted for approximately 30-60 minutes and were scheduled at a time that suited both the PI and the participant. The participants were given the option of a face-to-face or telephone interview. For the purposes of this research, the PI had opted to utilize

both telephone and face-to-face interviewing methods. Using a dual method process allowed the PI a more practical opportunity to obtain a greater sample, as the choice of only face-to-face interviews could be geographically limiting. Musselwhite, Cuff, McGregor, and King (2007), Siemiatycki (1979), Smith (2005), and Sturges and Hanrahan (2004) justify and support that both methods are rigorously comparable in validity and used in qualitative research. If the participant resided more than 100 km from Brock University, they were only offered a telephone interview. Face-to-face interviews were conducted at a location of the participant's choice within the 100 km radius. Only one participant requested a face-to-face interview. All interviews were digitally recorded. The PI also asked his thesis committee and a colleague who is a male registered nurse, who does not report directly to the PI, and is not currently employed as a maternal newborn nurse, for feedback as a means of pilot testing the interview guide (see Appendix F) prior to implementation with participants. The purpose of pilot test was to ensure that the research questions were clear and to highlight any issues with wording. Stylistic changes and the removal of proposed leading statements were identified. The suggested changes to facilitate clarity were made prior to commencing the interviews.

Epoche (Bracketing)

Moustakas' (1994) approach provided the PI with an optimal process that emphasizes the distinctive meaning of individuals' experiences. This puts emphasis on the PI's experiences of the phenomenon being studied. Moustakas (1994) outlines a methodology that best discusses the importance of bracketing the PI's past associations, understandings, "facts" and biases allowing the PI to enter into the participant's experiences. Moustakas (1994) terms this as an "epoche process." Epoche guided the PI

so that he remained completely transparent throughout the research allowing him the ability to “suspend anything that interferes with a fresh vision” (Moustakas, 1994, p. 87)

Miller and Crabtree (1992) elucidate that researchers have a duty to bracket their own preconceptions. This can be done by entering into the research participants’ own reality and perform as an experiencing interpreter only. Moustakas (1994) writes that “Husserl called the freedom from suppositions the epoche, a Greek word meaning to stay away from or abstain” (p. 85). The intent of phenomenology is to fully understand the phenomena by the participant’s unique terms and understand the world from their interpretation (Creswell, 1998). The PI reflected on his experience of working as a male nurse in a maternal child area. Moustakas (1990) elucidates that entering into a self-dialogue allows the phenomenon to directly speak to one’s own experience.

The PI’s Reflection in Epoche

As a registered nurse who is male, I was cautious about entering a maternal-newborn nursing role. I was fearful of my acceptance by both colleagues and clients alike, whose attitudes may have been shaped by media or societal expectations. I had practiced in different nursing roles that included both acute care and public health environments. However, transitioning into the role in a maternal-newborn specialty area was not something I had much control over as I was currently in a temporary nursing position under a contract that was soon to expire. As a result, the only position available within the organization was in a maternal-newborn environment and, therefore, beginning my career in maternal-newborn nursing. It was not something that I was overly interested in, nonetheless thought I could learn or try. As I learned about general nursing through my education, it was strikingly obvious that the number of men who entered the

profession was drastically unbalanced. For this reason, I felt that I was treated differently as a man in nursing.

Therefore, it could be observed that my gender occasionally dictated a client's comfort level in situations such as providing care to the opposite gender. Nevertheless, in my opinion, I did not feel that my gender impacted my ability and/or the skills required to care for woman and children. I had received the same basic training that my female colleagues had; thus, my ability to practice in the role should have been theoretically equal. As time passed, my experience was quite different than I imagined it to be. Early in maternal-newborn practice, it became clear that I was not going to be equally accepted by both clients and colleagues. For example, I was asked to wait outside a breastfeeding mother's room until she was finished or asked what I knew about childbirth if I had not experienced it. I began to anticipate this perception and accommodated my clients' needs as they requested and looked at each situation as individualized. I would focus on delivering generalized parenting information and sometimes pass on the intimate care, such as breastfeeding, to my colleagues. I am unclear if all men who choose to work in maternal-newborn nursing do so for similar reasons or have experiences that are alike. Nevertheless, I will put my presumptions aside throughout this process and attempt to open my mind to the unique participant experiences.

Strategies to Promote Rigor

Moustakas' (1994) "epoche" was considered throughout the entire research project and was achieved by the following:

1. Before starting data collection, the PI wrote down what he thought he knew about the topic and what he thinks the issues are. He then shared this

reflective practice with his graduate studies supervisor in order to bring them to display mindfulness. The PI revisited these prior to each interview and throughout the research as it develops to ensure that the PI's own opinions and notions did not override those of the participants.

2. The PI kept a reflective journal to document any ideas, thoughts, sentiments, or insights that develop from or during an interview or data collection. As the themes emerged in the research, the PI examined his position on the developing themes. Thus, assessing why the themes have emerged and what their importance is to both the PI and the participant.

The elicited participant feedback was discussed previously. Therefore, the PI verified his understanding of the data rather than the precision of the transcribed information.

Rigor was achieved in this study by revealing the PI's perspective through epoche, keeping an audit trail and by member checking. Patton (2002) states "by triangulating with multiple data sources, observers, methods and/or theories, PI's can make substantial strides in overcoming the skepticism that greets singular methods, analysis and single-perspective interpretations" (p. 556). Patton explains that in order to accomplish rigor in one's fieldwork, a researcher must establish an audit trail to confirm the accuracy of the fieldwork and minimize bias. The PI requested that his Graduate Studies Supervisor review the first three transcripts and field notes after the interviews had been transcribed and analyzed. The purpose of this review step was to keep the Graduate Studies Supervisor apprised of patterns and themes that were identified from the data analysis in addition to ensuring quality and consistency reporting.

Member checking is a common practice in qualitative research and is essential in confirming what was transcribed and observed during an interview by the PI (Loiselle & Profetto-McGrath, 2004). A thank you letter (see Appendix G) and transcript feedback form (see Appendix H) was mailed to the participant after the interview had been completed. The PI allowed 2 weeks for the participant to express any concerns regarding the accuracy of what was captured in the interview. If the participant had not expressed interest or contacted the PI within 2 weeks of receiving the letter, then the PI assumed that the interview had been transcribed accurately. Only two participants chose to return the completed transcripts with minor grammatical edits such as the spelling of names or locations. No deletions or additions were noted by participants in the transcripts. The identified changes were made to the original transcripts. A summary of the results outlining the purpose of the study, methodology, findings, discussion, and recommendations for education, practice, and research will be mailed upon completion of the research study (see Appendix I).

Data Management

The PI created a Microsoft Word document for all transcribed data and journals that were password protected. All files were numerically coded and were saved to a USB key accessible only by the PI, RA, and the PI's Brock University thesis supervisory committee.

Data Analysis

The PI utilized qualitative data analysis software called NVivo 10 for data storage management and organization. The transcribed data were coded thematically. Each transcript was also read by the PI a minimum of three times and compared to the digital

recordings for consistency and accuracy. For the analysis of themes in this study, the PI utilized steps 1 and 2 as a modification of the Stevic-Colaizzi-Keen method of analysis as described by Moustakas (1994) which outlines a step-by-step approach (See Appendix J). The removal of steps three and four was necessary as there are no co-researchers participating in this study.

As described by Moustakas (1994), the PI considered and reread each of the participant narratives as their spoken words line-by-line using NVivo to support this process. The PI highlighted themes that emerged and were significant to the research question by isolating them into categories. Code names were assigned to the themes that were detected and then organized into various categories using NVIVO. As a result, the narrative statements that were irrelevant and not overlapping were left in the original transcript and not themed. The transcripts were then read and reread searching an additional time for confirmation of the overlapping statements. The PI then shared the overlapping statements with his graduate supervisor. The graduate supervisor assisted the PI in further clustering and synthesizing meaningful units into more detailed themes considering each theme.

As this process evolved, the PI then spent several weeks reflecting on the themes and began to structure descriptions of the findings. Through the above steps, the PI gained textural dimensions of what the participant experiences, provided a structural account of the experience as they related to their unique condition, situation, or context, and examined a combination of textural and structural description to deliver the overarching essence of the experience in the findings section of the study.

An additional form of analysis was used to gain a deeper insight into the meaning of the phenomena, a technique called free imaginative variation (FIV) (Moustakas, 1994). FIV is a process used to expose the researcher to potential meanings from different vantage points that include opposite meanings by interrogating and unsettling participant responses. Thus, FIV was used by the PI to reveal possible meaning through imagination, addressing polarities or approaching the phenomena from altered directions. This was particularly apparent in the identification of the study's final overarching theme in which the PI drew structural themes by using FIV.

Ethical Clearance

This research study was cleared by the Brock University Research Ethics Board (REB). All research participants were provided with detailed information surrounding the purpose of the research as an invitation to participate (see Appendix K). The information letter (see Appendix L) outlined PI information, participant involvement, risks and benefits, confidentiality, voluntary participation rights, results dissemination, and ethical clearance. Participants who chose to be interviewed face-to-face were given the opportunity to provide written consent by the PI. Those wishing to participate in a telephone interview provided their consent by implying and verbally agreeing to have read and understand the terms of the consent. For those who had requested a telephone interview, the PI requested that the participant read, apply a typed or written signature, and return the consent form to the PI's email address as a PDF or scanned copy prior to the interview.

The opportunity for participants to withdraw from the study was clearly provided in the invitation, consent form (see Appendix M) and also verbally by the PI prior to

commencing interviewing either face-to-face or by telephone (see Appendix N). The data were anonymized by removing major identifying details, such as names, age, and address, therefore, removing all identifying details, and replacing these details with a numerical identifier accessible only by the PI and research team identified in this proposal. All original interview notes, transcribed audio records, and original audio files were stored in a locked filing cabinet at the PI's residence on two duplicate USB jump drives. All paper records will be kept and stored for 3 years and then shredded and destroyed. Only the PI will have access to the data once the research study has ended.

CHAPTER FOUR: FINDINGS

Characteristics of the Participants

The registered nurse participants (n=6) worked in a variety of areas within the maternal-newborn field. However, one participant was a nurse practitioner and one participant was a retired registered nurse. Years of nursing experience ranged from 11 to 40 years. Three participants had between 10 to 15 years of experience in a maternal–newborn role, two participants between 20 to 25 years, and one participant had more than 35 years of experience. The majority of RNs (n=4) were diploma prepared, one participant had a Master’s degree and the other participant was pursuing a Master’s degree.

Participant Narratives

After concluding the participant interviews (n=6), the PI commenced analysis of the participant narratives as outlined in the data analysis section of this thesis. Through careful consideration of each statement with respect to significance for the description of the experience, four overarching themes emerged from the data. The themes include: (a) Motivation and Influences in Career Choice, (b) Barriers to Developing Caring Confidence as Maternal-Newborn Nurses, (c) Surviving as Men in Maternal-Newborn Nursing, and (d) Invisible Norms Regarding Men in Maternal Newborn Nursing. The PI will practice “horizontalization” utilizing significant statements, sentences, and quotes from the research questions to provide examples of how the participants experienced the phenomenon (Moustakas, 1994, p. 95). All participants were given pseudonyms to anonymize their identity. Furthermore, the findings below address the primary investigator’s research question regarding the experiences of men in maternal-newborn

nursing roles. Each unique narrative outlines the participant's journey to becoming a nurse and dedicating themselves to a maternal-newborn role.

Motivation and Influences in Career Choice

Motivation and influences emerged from the data and are defined as both internal and external drivers that are unique and affect the career selection process. The participants in this study provided examples of their motivation to enter both nursing and maternal-newborn nursing by explaining their pathway that included unique experiences with individuals, places, or events. Participants addressed the effects of role modeling, life experience, interest in a particular nursing specialization, and how convenience played a part in choosing nursing and maternal-newborn nursing.

Although each participant's explanation of his entry into nursing practice was somewhat different, the concept of a positive role model strikingly appeared to kindle his interest in nursing practice. A simple explanation of positive role modeling can be described as an individual seen by others to be a favourable example. This modest description of role modeling was easily translated by the participants through their experiences. The concept of role modeling was a fascinating finding as the majority of participants addressed having a family member who had intentionally influenced their decision to practice nursing. The men below describe how their family members directly influenced their decision:

My maternal grandmother was a nurse. She was a nurse for 45 years. And interestingly she always comments that the first year I received my RN license was the first year she didn't renew hers. So she always considered it was sort of

appropriate that she retired that year because it was just me carrying on for her.

(Walter)

My brother suggested it to me in my last year of high school. He'd heard it was a good profession and I guess that kind of stuck in the back of my head...My aunt was a nurse... She kind of gave me some pointers and told me it would be a good profession. (Hank)

Some participants described being exposed to nursing through observation or exposure, yet were not directly encouraged to enter into practice. Most were exposed to nursing through friends or family. "My ex-wife is a nurse, my sister in law is a nurse ... and they like it, that's how I was exposed." (Saul)

Most of my family would be physicians or pharmacists or lab technicians. A lot of it, I guess...it does come from the healthcare system, I have a lot of family members that worked in the health care system with nurses...it seemed like a good career. (Jesse)

When I got out of high school I got hired as an orderly...I got a job in an acute care hospital and I met two ... male nurses. And prior to that I never even thought about it ... so when I met these two guys, both registered nurses...they appeared satisfied, that's when the idea sort of came into my head. (Mike)

Unique life and learning experiences also had some motivating influences on a decision to enter nursing or specifically maternal-newborn nursing. As a description of the influences unfolded, the participants focused on experiences that determined their career decision. Although each participant had his own reasons for choosing nursing, encounters with individuals, internal beliefs, and student experiences coupled with

employability were important factors in determining his pathway. In order to describe unique life experiences, the participants referred to experiences that directed their interest into a maternal-newborn role. Many of these experiences happened early in their adulthood.

Where I started out, during that time, I started working with a burned baby, actually someone said “oh my god, look at that kid, he’s horribly burned, gross, I wouldn’t want to look after that”. I kind of felt bad for the kid and that’s where I got my [motivation]. (Hank)

How I actually got into neonates was because of my experience in adult intensive care ... the machinery that they were using for neonates was the same basically as what they were using on adults. So when I applied to Ottawa I got an interview with the head nurse in the neonatal unit and because I knew the ventilator, I got the job. (Mike)

Experiences in a maternal-newborn environment acted as a positive orientation to the practice area for the participants as nursing students. Thus, being exposed to this environment proved to be an influential experience. Walter described that when it came time to choose a culminating placement to successfully complete the requirements of his diploma, he chose to be placed in the same nursery:

For lack of knowing what to do with me she placed me in the nursery...when the opportunity came at the end of my diploma program to do a pre-grad experience I opted to take an experience back in that same nursery. (Walter)

The participants described their “interest” in a maternal-newborn specialization as a means of influencing their career decision. Commonly, the participants discussed their

engagement in exploring a role where they could support and work with babies, thus, never even considering other specialty nursing areas with an adult population. The participants truly enjoyed working with babies and demonstrated this through their descriptions. As the participants were interviewed, the positive tones in their voices proved their conviction and devotion as maternal-newborn nurses. The following examples reveal their interest in working directly with women and children: “Never thought about going into the adult world, not that I don’t have any interest in it but it’s always been the pediatric population that I truly love.” (Gustavo)

I just liked interacting with kids and babies...get them ready for bed, you could play with them. They don’t ask to be there and they are appreciative of whatever you do for them...It’s a rewarding experience at the end of the day. I guess when you’ve helped some of them and I guess that would be why it interests me. (Hank)

I’ve varied in what I’ve done in newborn nursing but I’ve never strayed from newborn nursing. I’ve functioned in many level 3 nurseries, I’ve done bedside nursing...transport nursing...echmo...within the neonatal realm....so I’ve never been outside of neonatal. (Walter)

Several of the participants said that convenience was their motivation to choose a maternal-newborn role. Convenience was commonly categorized by the participants to include being bumped out of their current position due to restructuring and layoffs with the presentation of an immediate employment opportunity. The participants stated that they did not start their nursing careers working with women and babies; however, they felt forced into the specialization as a result of extenuating circumstances. Despite the early and uncontrollable circumstances that dictated their current nursing position in

maternal-newborn nursing, all participants expressed satisfaction with their role in this area. Walter describes leaving Canada to pursue a career in nursing after being laid off from his position.

I worked at [hospital] for 4 years and then fell into the dilemma of the provincial government cutting health care funding and rearranging nurses. Due to restructuring and bumping, I didn't have enough seniority to maintain my job so I elected to go to the states...I landed a role working with neonates.

Saul also describes his pathway to a maternal-newborn role in relation to restructuring: "They had layoffs...so I got bumped...I could have bumped anybody who had greater seniority than me...I could have went into pediatrics... Emerg...medical floor...a surgical floor...but I thought I would go to the nursery."

Interestingly, once again Saul describes his involvement with a second restructuring experience after more than 2 years in his current role. As the interview unfolded, it was clear that he was committed, passionate, and truly enjoyed working with babies. In this example, Saul purposefully describes seeking out and attempting to retain a maternal-newborn role.

Well I was in the nursery for I think about 2 ½ years and then they had another series of layoffs. They were reducing the staff in nurseries ...so I went to postpartum for a year so I could stay...later there were retirements in the nursery and so my plan was to go back to the nursery that I loved.

The above theme highlighted the inimitable similarities found to influence the participants' career choices. The effects of role modeling, life experience, interest in a

particular nursing specialization, and convenience played an important role in process of career selection.

Barriers to Developing Caring Confidence as Maternal-Newborn Nurses

In addition to describing their experiences, the participants provided an understanding of the barriers they faced in a number of situations as maternal-newborn caregivers. It was discovered that the barriers faced by participants were primarily driven by gender. As a result, this theme could be defined as a circumstance or obstacle that impeded a feeling of self-assurance as maternal-newborn nurses. The participants believed there were variances in what women and men could or should not do as nurses. Interestingly, the barriers to developing confidence in caring for maternal-newborn clients appeared to be both internally and externally driven. As a result, caring for women and children was often challenging for the men and the difficulties they faced were described.

The men described their lack of maternal experience as a consideration and a concern that factored into their decision to enter a maternal-newborn role. Some participants believed that maternal-newborn role confidence emerged through practice or familiarity. Thus, it was more difficult early in their career to picture themselves in a maternal-newborn nursing role based on what little personal or professional experience they had with childbearing mothers or families. As the interviews unfolded, the notion that males initially felt they lacked the tools, instincts, or maturity to care for mothers and young children was apparent. The participants displayed a low level of confidence in their abilities as novice nurses in a maternal-newborn environment. This finding was unexpected as it appeared that gender impacted the confidence of a novice maternal-

newborn nurse. Walter explains: “I had no experience with babies personally at that point in my life, so I really had little to work with... I had a very difficult time relating to mothers who were my age.” Likewise, other participants explained that they believed it was easier for women to work in maternal-newborn areas as they had the inherent caring characteristics that aligned with only a feminine purview, thus, allowing them to care for woman and children.

I think it's harder for male nurses to work in this setting. Just because sometimes the patient may not want a male nurse because they think they may not have those maternal instincts and some of the women might have already had children ... they might not think males have the whole therapeutic touch or something like that. (Jesse)

You may have had to prove yourself a bit more as a male because I think, women take this nurturing role on and sociologically it's sort of, they are indoctrinated with that from the beginning where as men are not quite seen as that capable in that area, so I think, you have to be able to prove that you can do that as well as the technical skills. (Mike)

The impression that caring or nurturing is a traditional inborn quality in women was a finding that highlighted disparity surrounding a gendered expectation by the participants and society. As a finding in this study, it was agreed that men were thought to have to cultivate maternal-newborn skills or learn to nurture. Mike continued to share his perception of woman as natural nurtures:

I think women are culturally trained in this nurturing role, whereas it's less enforced with male children. So you know this sort of a perception that women are perceived to be natural nurturers whereas men are sort of always working at it.

Participants also expressed frustration related to the support or lack thereof provided by their nursing colleagues and managers. The narratives included some descriptions targeted towards participants by their colleagues that included but were not limited to being scrutinized, centered out, or ostracized. In addition, the participants also labeled their peers as aggressive and described unprofessional and judgmental behaviour often referencing senior nursing colleagues.

Not all female nurses, but there are a few in a bunch... who feel threatened by male nurses in some way and sometimes give them a really hard time in every way. Like being very aggressive, always looking over their shoulder... They think you don't have the skills, but they are always trying to catch you... making a mistake. Some of these nurses when you go on break, and they will go to your chart and say "oh you missed that, you missed this" just to let you know that they are watching you. (Jesse)

"There was a one particular ... nurse who was considered a bit of a hardnosed old fashioned type nurse and she was chronically criticizing males... myself included" (Mike).

In addition to feeling unsupported by their peers, Walter shared his experiences in relation to his manager. The participant explained that there had not been any men hired onto his unit before. The nursing unit manager saw potential in the participant yet lacked confidence in his abilities and still decided to take a risk. His experience included feeling

extremely pressured to succeed in his new role. He states: “I applied for a job ... the nurse manager hired me telling me at the time that I’m the first man she’s ever hired and that I’m going to make it or break it for any guy that follows.”

The participants were intimidated by the treatment received, thus, creating a barrier over developing confidence. Largely, the participants shared feelings of intimidation when caring for clients in a maternal-newborn nursing role. Nevertheless, the intimidation they expressed seemed to mostly be prevalent when they were novice nurses or early in their careers: “Early on, early in my career it was very intimidating, I was young...I was inexperienced” (Walter). “Definitely when I started there was apprehension, especially if I’m coming up to them (female clients) and saying, you know what, I can help you breastfeed” (Gustavo).

One participant discussed his intimidation with caring for maternal-newborn clients in relation to working with more experienced nursing staff. He compared his abilities to that of an experienced nurse. Walter discusses his experience and his expectation of feeling required to be an “expert”:

In my mind, old powerful, old, they’d been working for 50 years, old powerful nurses who I had to live up to so it was very intimidating working with women who were looking after babies and being expected to be “the expert.”

Central to their descriptions of caring was participants’ experiences as student nurses. It was clear that there were barriers having female clients agree to the participants providing care. This could have been attributed to a number of factors such as gender, intentions, and perceived maturity. Nevertheless, it was a consistent finding. The participants appeared to anticipate this experience as they entered nursing practice.

Much of their anticipation was rooted in their own perceptions and gendered perceptions as barriers to equal treatment amongst nurses. Some men discussed their difficulty in accessing learning experiences in maternal-newborn settings:

When I was doing my maternity rotation...I was 18 at the time, I had a great deal of difficulty getting women who would agree to allow me to attend their deliveries, who would agree to allow me to do a lot of the things because I was a young male they wanted females and they certainly didn't want a teenage male.
(Walter)

In contrast, Saul notes that he was not given the opportunity as a student to participate in maternal-newborn learning as males were not granted access to postpartum. As an individual who had been involved in nursing for many years, Saul described his experiences, particularly his educational experiences, as being "a long time ago." He rationalized his particular treatment and accepted that his era did not see equal learning opportunity amongst nursing students at that time. "It was different because I was male. They didn't allow me to do a stint on post-partum... It was the thinking back then. Males aren't allowed on a post-partum unit."

Through their experience, the participants explained that familial gatekeeping established barriers in the form of access to clients in caregiving situations. Often male family members, such as husbands, fathers, or grandfathers, expressed dissatisfaction with having a male caring for their family member. It was not uncommon for the participants to express feeling rejected, stereotyped, or denied by a client's family. Mike and Saul describe their experiences with husbands or fathers: "Sometimes the husband wanted to make sure that there was no attempt to break the privacy of their partners. I

think they were sensitive to the fact that I was a man and there was a heightened concern” (Mike). “I have had a few issues with fathers...the parent or the patients involved weren’t comfortable with a man...they asked if could just stand outside the door” (Saul).

Likewise, Jesse describes his experience while he was in nursing school. He was denied access to a client. During the interview, Jesse appeared to question why it was appropriate for a male obstetrician to provide care; however, it was unsuitable for a male nurse in a similar situation. His observations regarding being denied access to a client who was currently being cared for by a male physician are captured below.

When I was in nursing school...I was in labour and delivery. I was with one of the male obstetricians and someone brought their daughter in...Part of my training was to go with the obstetrician to be with him and learn what’s going on...the family refused a male nurse to come in but was ok with the obstetrician...I thought was kind of weird, because a male was doing the assessment and stuff and I was also a nurse providing care to this patient but they didn’t want me because I was male.

Interestingly, the participants also commented on their own comfort as a barrier to providing care to female clients. Some men were more comfortable than others when faced with specific tasks. The participants conveyed the impression that they were less comfortable providing care to the mothers and more comfortable providing care to the babies. “I go to the deliveries. Just by choice, I sometimes work on the floor that is not NICU. We’ll do mother care and baby together...I’m just not comfortable doing the mother side” (Hank).

Several of the participants explained that they were comfortable assisting a

mother and baby to breastfeed but would prefer to take an instructional hands-off approach or refer to another colleague. This description demonstrated a perceived awkwardness surrounding breastfeeding care. “I will help out with breastfeeding, usually after I’ve gotten comfortable, or acquainted with the mother. Sometimes I will do mostly verbal teaching. I try not to do the hands on” (Hank).

So when I did my 6 months at [hospital] I had to consult on teaching breastfeeding. I had to take a course and do that...A little weird but it was part of the job so something that I had to do, so I did it. (Jesse)

The theme above addressed the barriers men experience in developing confidence in caring. It was highlighted that the majority of the participants described their gender as a direct barrier. As a result, this decreased confidence and impacted their ability to care for maternal-newborn clients.

Surviving as Men in Maternal-Newborn Nursing

In order to survive in the role of a maternal-newborn nurse, the participants often described measures taken to protect themselves from negative criticism, accusations, or stereotypes. In addition, their caution seemed to arise from their own level of comfort with specific nursing tasks such as breastfeeding or providing semi-intimate care. Many of the men discussed surviving by using a number of strategies or techniques in dealing with a client’s and their own comfort when providing care.

The majority of the participants were committed to respecting and accommodating a client’s comfort level. Despite any concerns or personal discomfort, a driving factor among these male nurses was the desire to provide patient-centered care. The participants recognized that not all clients were accepting of having a male nurse

care for them. Nevertheless, the participants provided choice to clients and were open to finding a female caregiver if required.

I would have families who would actually come out and say to me “I’m just not comfortable having you as a nurse, could I have a girl”, in which case I would certainly do my very best to make that happen...I was fine to accommodate that.

(Walter)

“If they aren’t comfortable with it (my gender), that’s fine I say, I’ll just get you a female. If they ask for a female that’s not a problem. I don’t argue with it” (Saul). “I always give the parents a choice and feel out their comfort level...that always helps me to go which way, whether I’m going to fully help them or I’m going to ask somebody else”

(Gustavo).

Many of the participants described being asked to do stereotypical work or having specific tasks assigned to them because they were men. These tasks included heavy lifting, or dealing with violent patients. In addition, the tasks were associated with physically heavier patient workloads or perhaps repairing items regarded as stereotypically masculine or work men are assumed physically capable of completing. Interestingly, the men took on these tasks as a means of fair trade for something they may have been uncomfortable performing. The concept of fair trade emerged from the data as participants described what they would do and why they would do it in exchange for having to ask female nurses to assist or take over an aspect of their nursing care:

They usually tend to pick you out as a man, like I’ve had bigger patients that they want you to pick them up ... the violent teenagers. Some people would say “oh now, that’s a job for you” ... especially if I’m trading for something else. (Hank)

So if there was a woman that needed help with breastfeeding I was able to do that, however if the woman was uncomfortable with that then one of the female colleagues would step in, this was way before the day of lactation consultants, you know. (Mike)

Gustavo discussed trading off specific nursing duties that his clients were uncomfortable with him completing. Consequently, in return, he often received physically heavier tasks in relation to what had been offered to female colleagues in trade. “If I’m coming up to them and saying ... can you help my mom breastfeed...because she’s uncomfortable with me...fair is fair...I’ll take a role that they have as well...they tend to trade for something heavier because I’m a guy.”

Another example of stereotypical talents that became associated with their gender was repairing, fixing, or tinkering with items that were not working. The participants explained that their female colleagues would trade nursing duties with them. In turn, it was expected he would repair a work item that was in need of repair or alteration. Saul explained: “It can be a tradeoff...They often ask me to fix or repair things as a guy. That’s about it. No one else gets asked.”

A variety of strategies were used by participants who assisted them to defend their role or choice to practice nursing. Self-protection and survival became a common thread as they described their nursing practice experiences. Participants felt comfort in describing or validating their heterosexuality to peers and clients. Consequently, different survival strategies were deployed depending on the situation. For example, Walter explains his response to a peer group when being chastised for entering nursing.

I took a lot of flak for that in my final year of high school (from my peers) ... my counter was “You guys are going to go drive bulldozers and I’m going to school with 200 girls... who’s the smart one.

Another nurse who has difficulty gaining access to care and client trust describes using the misinterpretation of role as a strategy to improve the confidence and respect from a client. Walter explained: “I would sometimes let them go on believing I was the doctor ... I found I could get more bang for my buck if I just let them do that.” Likewise, one participant described gaining access and providing client comfort by entering the room with his back towards the client, thus, disengaging his view of the birthing process. It was explained that this technique was used to avoid client embarrassment in situations such as child birthing. “At certain times you would come in with your back towards the woman....there was sort of that level of discomfort among some patients... I could always accommodate their comfort if they were embarrassed”. (Mike)

Gustavo describes becoming proficient at reading a client’s body language to decide his comfort in order to make decisions surrounding his care.

I go by their cues, so if the mom doesn’t look like she’s comfortable, the dad doesn’t look like he’s comfortable, I’ll ask one of my female cohort to help me...Facial expression tells a lot so I will give them optional ‘would you rather have a female nurse’ at that time.

Each participant discussed his passion for maternal-newborn nursing as a career choice. Through their positive descriptions of their maternal-newborn experiences, it was also consistent that there were struggles that accompanied their role. The participants in this study told stories of surviving as men in their role. They revealed methods in which

they compensated to deliver care to clients who may have been uncomfortable with their gender.

Invisible Norms Regarding Men in Maternal-Newborn Nursing

When the participants described the existence of invisible norms in maternal-newborn nursing, they did so through a societal lens. The definition of invisible norms is described as typical or standard to the participant; however, was not easily noticed by others. Reactions, attitudes, or emotions played a large role in the participants' descriptions about how their clients, colleagues, or peers identified invisible norms.

The participants stated that it was not uncommon for them, as maternal-newborn nurses, to be mistaken for a male physician. The participants expressed both satisfaction and dissatisfaction when mislabeled as a physician. It was perceived through the participants' descriptions that they resigned themselves to this typecast. As such, it was common for males in nursing to be labelled "the doctor." Nevertheless, it is interesting and contemplative to wonder why male physicians who act in a maternal-newborn capacity are not mistaken as nurses. Two nurses reported narratives on this finding. "One of the things that stands out in my mind is, one of the things I've found over the years...they would assume that I was the doctor because of my gender" (Walter). "A lot of times they mistake you for the doctor, I'm quick to point out I'm not...but that's what they do" (Hank).

The participants believed that the concept of typecasting men in nursing was culturally indoctrinated as described above. The participants described societal attitudes concerning nursing as a female profession and, therefore, believed that many people did not see a role for men in this environment. Nevertheless, the participants' reaction to this was acceptance of the norms created through historical context. The historical context has

been translated over time and is believed by the participants to remain active related to where society sees a role for men in nursing and, more specifically, maternal-newborn nursing. Jesses explained: “I don’t think that a lot of people think men got into nursing as a profession today.”

Men who choose nursing as a career are stereotypically considered to be feminine and homosexual. Can this attitude be translated to other professions or is it unique to nursing? Do male teachers experience feministic stereotyping for choosing a typically female dominated profession or have a need to defend their sexuality and masculinity? The participants in this study described the importance of defending their sexuality and masculinity. There was a sensitivity felt when the participants described societal perceptions regarding sexuality and, as such, felt it important to dispel accusations of homosexuality. Saul describes his experience being interviewed by a local reporter who was covering a piece on men who work as nurses: “I had the [local paper] interview me, in regards to being a male in nursing, and I think they were almost leaning towards me being gay...as stereotypical view of male nurses...I told him about my wife and about my kids.”

Based on the participant narratives, the suspicion of touch appeared to be linked to distrust in what motivated men to enter the nursing profession. Suspicion of touch was described as another individuals’ perception of one having ulterior motives for choosing nursing as a career, a career that includes therapeutic touch. Thus, the image of male touch was grounded stereotypically in sexualization of caregiving acts. As an emotionally charged issue, the participants were troubled with this typecast and could not resign to having their care labeled with sexual intentions. In many cases, the participants

described being carefully monitored by clients, families, and colleagues. Thus, as a core component in nursing practice, the notion of trust suffered. In addition, suspicion of touch became generalizable to all males practicing nursing. One of the participants described a child protection incident involving an adult male in the city that he lived in and how it affected perception of his role at his place of employment. The men who worked with or around children were labeled.

All the male nurses were brought into a room and were sort of like “talked to” about this perception and what was going to happen...it was weird and centered out...I never thought that families would suspect that about all male nurses.

(Jesse)

As the hypersexual typecast was discussed by the participants, the participants described being observed while providing care for clients. Why have men in nursing been hypersexualized? Why does this disparity exist only for men and not translated to females in nursing performing intimate care? It was disheartening to the male participants to feel that they were suspects without any previous evidence and, as a result, were accused of being predatory only because of their gender. The experiences of being observed by both individuals and colleagues while providing care to clients are highlighted below:

Sometimes there was a floor that was only staffed by just men, a pediatric floor...If you were doing a catheter and needed a female ... you'd have to get someone to come over just to be in the room with you... didn't really make sense...they didn't trust us. (Hank)

The fathers, they were really suspicious of me and really, trying to think of the word I want to use, challenged by having a guy looking after their child and their spouse or performing care on either...they would watch you. (Hank)

Throughout the interviews, the participants made several references to nursing as women's work. The participants' acknowledged this as a cultural norm that was concurrent with working in a female dominated occupation. As a result, their descriptions provided a sense of acceptance of gender discrimination and working logistically in isolation of other males in their practice environment. As many of the participants agreed that the presence of men in nursing was slowly increasing, the inequality did not appear to influence or concern their practice. However, it did affect their confidence and their reflections on their ability to connect or form trusting relationships with clients or colleagues and defend their role. "Where I work, I think I'm the only male floor nurse of about 200 women right now. There is a nurse practitioner, we did have about 4 nurses on our floor but I'm the only one left" (Hank). "I'm the only male nurse in my whole section of the hospital... Out of all the nursing staff I'm the only male...but I'm ok with that" (Jesse).

Many of the nurses commented on nursing being perceived as a female profession. Furthermore, the participants agreed that maternal-newborn nursing specifically remains a predominantly female nursing specialization. Gustavo addresses this distinction:

It's weird that even though its (nursing) evolved to a great extent, there's still...a little bit of a distinction between male nurses and female nurses. Especially in this

field (maternal-newborn)...Nurses in these fields are kind of looked at as a female role... For some strange reason, nursing, right away they think female.

It was this societal perception in the feminization of nursing which the participants attributed as a reason for not initially pursuing maternal-child nursing. The participants described early adolescent experiences that developed into their own early perception about nursing as a feminized career. Many of the descriptions were peer led and, thus, elucidated that peer involvement influenced their reaction about the norms associated with men in nursing. Furthermore, Jesse expands on his thoughts surrounding role feminization as a male working with woman and children: "I think when I was nursing school I didn't really consider babies or pediatrics, because I considered pediatrics more as something females get into." One particular participant discussed the lack of opportunity based on what he considered image and gender. He discussed his passion for caring for woman and children leading him to pursue a career in maternal-child nursing. As he attempted to expand his career, he felt a barrier had been placed in response to his gender as he applied to midwifery. Consequently, based on his gender, he was not permitted to attend training. We should ask why a male who trains as a physician then specializes in maternal-newborn care is positively treated; whereas, a man who chooses nursing and wishes to specialize in midwifery is negatively impacted. What implicitly prepares someone for a maternal-newborn role? Hank explained: "This was only being done in England, and I got a one letter response, a one sentence response, and the response was 'We do not train men to be midwives.'"

As the narratives unfolded, the participants added value to their responses on the invisible norms associated with their profession. Through descriptions of stereotyping,

mistaken identity, hypersexualization, and limiting access to clients or learning experiences became “normal” issues associated with men who work in maternal-newborn care. Regardless of the emotion, reaction, or frustration associated with their role disparity, they appeared to be resigned to the invisible norms associated with their experiences yet remain committed to their careers.

Summary of Findings

The participants in this study shared a number of personal and insightful examples of their experiences as maternal-newborn nurses. The decision to enter a maternal-newborn role nursing was driven by many factors. The significance of motivation and influences in the participants’ experiences was presented in several meaningful descriptions throughout the narratives. As the participants’ descriptions highlighted the positive aspects of career choice leading to a maternal-newborn nursing career, they also highlighted the barriers associated with their role. Woven throughout the dialogues were examples of how image impacted the participants, their colleagues, and their clients’ perceptions about men in maternal-newborn nursing roles and the resulting negative stereotypes associated with this role.

The findings demonstrate the challenges that men face when choosing to work in maternal-newborn roles. Several dynamic elements lead to the decision for a male to enter maternal-newborn nursing; however, the findings clearly identify that men struggle to succeed and continue caring in a maternal-newborn role. Nevertheless, through the challenges described by the participants, the findings also demonstrated the commitment and passion surrounding their work. This included descriptions of lengthy careers and

longevity in a maternal-newborn role aligning with discussions about life experiences that make their specialization meaningful.

CHAPTER FIVE: DISCUSSION

This section will summarize and discuss an understanding of the experiences of men who work in maternal-newborn nursing positions. The four themes identified from the data analysis: Motivation and Influences in Career Choice, Barriers to Developing Caring Confidence as Maternal-Newborn Nurses, Surviving as Men in Maternal-Newborn Nursing, and Invisible Norms Regarding Men in Maternal-Newborn Nursing will be reviewed and discussed in relation to the current literature, highlighting the unique findings from this study. This will be followed by examining the limitations of the study, and identifying the implications for nursing education, practice, and future research.

Men who Work in Maternal-Newborn Nursing: A Summary of the Study Findings

Largely, the purpose of this study was to explore the experiences of men in maternal-newborn nursing roles to gain an understanding of their experiences as they link to a unique career pathway in nursing. The predominant research question that guided the study was “What are the experiences of men who choose to work in maternal-newborn nursing roles?” Through the examination of this question, four themes emerged. A synopsis of each of the themes is presented below and will be followed by a discussion of distinctive elements discovered through analysis.

Motivation and Influences in Career Choice

It was found that the effects of role modeling observed through friends and family encouraged men to practice in maternal-newborn roles. In addition, unique events, such as life experience that drew emotional response, influenced a decision to practice in a maternal-newborn nursing specialization. Furthermore, the idea of convenience played a

key role in career selection as the most realistic option directing men towards maternal-newborn nursing roles.

Barriers to Developing Caring Confidence as Maternal-Newborn Nurses

It was established that men experience barriers in developing confidence in caring for women and children. The concept of nurturing was believed by the participants as something men needed to work on and was something that was not characteristic of manhood. The male gender was associated as a direct barrier that impacts both their and their clients' comfort in the delivery of client care. As a result, decreased confidence in many cases influences a male nurse's ability to care for maternal-newborn clients.

Surviving as Men in Maternal-Newborn Nursing

It was consistent in the findings that men experienced common problems that accompanied their role in maternal-newborn nursing care. The ability to survive in a maternal-newborn nursing role was based on their capacity to cope with difficulties using unique strategies, such as fair trade, which exposed approaches that men in nursing utilize to deliver care to clients who are uncomfortable with their role as men in maternal-newborn care.

Invisible Norms Regarding Men in Maternal - Newborn Nursing

There were several invisible norms associated with men in maternal-newborn nursing. It became apparent that stereotyping, mistaken identity, hypersexualization, and limiting access to clients or learning experiences became "normal" issues associated with men who work in maternal-newborn settings.

Linking: SLTCS and Men Who Choose Maternal-Newborn Nursing as a Career

The purpose of this research was to examine the experiences of men who chose to work in maternal-newborn nursing positions. Thus, in an attempt to add clarity to the findings, the use of Krumboltz's (1976) Social Learning Theory of Career Selection was applied to the participant narratives. There were many close connections identified between the Social Learning Theory of Career Selection and the key influences that guided the participants' decision to enter into a maternal-newborn nursing role. As Krumboltz's model focuses on career selection rooted deeply in social learning, he explains that individuals make career choices based on a number of uncontrollable factors such as encounters with others, institutions, and events.

For many reasons, the findings in the study aligned with the SLTCS and, thus, drew parallels between theory and real life experiences. Choosing a maternal-newborn nursing role in many ways became a "convenient" option. The findings in this study were consistent in linking employment and employability as a contributing factor in determining their career path. Career path selection happens for practical reasons such as job security or opportunity. These findings are consistent with the nursing literature that suggests that job security and opportunity contribute to the direction and choice in career path (Meadus & Twomey, 2007).

Role modeling also played an important part in motivating participants to enter into nursing and, more specifically, maternal-newborn nursing. This is aligned with Krumboltz's (1976) theory that suggests specific individuals in one's life may have the ability to positively or negatively impact career exploration. Current and past nursing literature also supports role modeling through family members, friends, and colleagues

they experienced within the healthcare system (Jirwe & Rudman, 2012; Kersten, Bakewell, & Meyer, 1991; Price, 2009). Therefore, both indirect exposure, such as unplanned observation, and more obvious encouragement through role modeling were confirmed by the participants in this study to affect career choice.

Through the research in this study, it can be supported that unique learning experiences play an important role in the process of selecting a career in maternal-newborn nursing (Krumboltz, 1976). The findings support that learning experiences leading to maternal-newborn nursing were not limited to a specific moment in time, and can be described as instrumental, associative, positive, and negative. However, it was discovered that in many cases, the participants deviated from their original career decision based on a unique experience in their lives. Some participants claimed personal experiences, such as a life changing exposure to specific circumstances involving children, as a catalyst for their entry into maternal-newborn practice. What this study adds is that life changing experiences provided a new or different perspective of caring for women or newborns which contributed to career selection. Experiences that evoked both emotions and an empathetic response from an event likely sparked their interest in caring for woman and children. Thus, explaining that the impact of witnessing a tragic or life changing event specifically, such as a burned child or a sick baby, guided their focus to maternal-newborn nursing.

While Krumboltz (1976) discusses influencing factors, such as environment, learning experiences, and developing skills, it was difficult to draw parallels in the theory regarding genetic endowment. Inherited qualities, such as gender, appeared to set limits on career choice for men in this study rather than advance them as Krumboltz describes.

As a result, decreased client or self-comfort and decreased confidence in caring for women or an inherent empathetic response was continually linked back to gender by the participants. While the participants felt the empathetic responses in maternal-newborn care had to be learned, this notion highlighted gender as self-limiting in a maternal-newborn environment. This notion contradicts the current nursing literature that addresses the philosophy that men have better career success in general nursing than women (Budig, 2002; Wingfield, 2009). As mentioned above, being male was believed to be limiting as the participants struggled with access to clients, care, and learning situations in maternal-newborn environments. This is where the findings of this study push the boundaries of Krumboltz's model and add to the literature on career selection and the role of men in maternal-newborn nursing. Thus, this confirms the barriers that exist for men working in maternal-newborn nursing roles.

Contributions to the Literature

As suggested in the literature, negative stereotypes of men in nursing sometimes discouraged men from thinking about maternal-newborn nursing as a career choice (Evans, 2002). The findings in this study support the view that men still consider nursing as primarily a female profession (Armstrong, 2002; McMillian et al., 2006; Roth & Coleman, 2008). Nevertheless, the association of maternal-newborn nursing as women's work did not significantly impact the participants in this study suggesting that associative experiences, such as those in the early years, did not change these participants' decision to pursue nursing as a career. Much of the literature in nursing addresses the barriers and stigma associated with men choosing nursing as a career (Meadus, 2000; Roth & Coleman, 2008). This research adds that significant exposure to nursing through role

modeling plays a major part in grounding an individual's commitment in maternal-newborn nursing. The discussion surrounding the findings in this study relates the importance of learning occurring through observations and direct experiences.

One unique finding was that of the development of confidence. It was common for the participants to express that they lacked maternal confidence early in their careers. Many believed this lack of confidence related to gendered experiences such as childbirth and breastfeeding. As a result, the participants commented on their lack of maternal or natural nurturing instincts. This may be a novel finding as the literature addressing men in maternal newborn nursing does not appear to address the concept of maternal or nurturing instincts as a barrier to developing confidence as a maternal newborn nurse.

Current thinking views nursing and subdisciplines within nursing, such as maternal-newborn specialties, as feministic and gendered to various degrees (Evans, 2004; Meadus, 2000; Muldoon & Reilly, 2003). The literature also indicates that men in nursing experience gender stereotypes and gender bias simply because they are not females (Evans, 2002; Fisher, 1999; Whittock & Lenard, 2003). Nevertheless, the participants expressed that being a male impacted their ability to naturally nurture women and children. It was noted in the narratives that females were inherently "indoctrinated" as nurturers and men are not.

The participants felt uncomfortable and challenged when providing semi-intimate care to female clients such as teaching breast feeding; this is consistent with previous research findings (Chur-Hansen, 2002; Inoue et al., 2006). However, the findings of this study also addressed that the clients' families exhibited awkward responses in semi-intimate care situations. Consequently, as a novel finding, it provided a lens into

addressing a combination of unique needs surrounding the provision of semi-intimate care. As a male currently working in a maternal-newborn environment, it was essential to reflect on their own comfort in this situation as well as how their role impacted the comfort of their clients and also their clients' families.

There were difficulties noted in accessing learning experiences as student nurses. The nursing literature highlights the barriers student nurses face accessing learning experiences particularly in maternal newborn nursing (Cude, 2004; Morin, Patterson, Kurtz, & Brzowski, 1999). The findings from this study contribute to the literature as the participants elucidated that their clinical educator, clients, or clients' families may have been uncomfortable with a male caregiver in a maternal-newborn placement (Callister et al., 2000; Meadus & Twomey, 2011; Turnipseed, 1986). Consequently, difficulty in accessing learning experiences may cause men to shy away from maternal-newborn nursing roles upon graduation. Also, the participants mentioned that clinical instructors for "lack of knowing what to do" created opportunities for male students in areas, such as the nursery, to avoid direct contact with mothers. Therefore, they discourage a male student's exposure to a fulsome maternal-newborn nursing learning experience.

Some of the stereotypes identified were rooted in homosexuality or hyper-sexualized alleged motivations and this is confirmed in the nursing literature (Evans, 2002). This finding highlights that therapeutic touch has become problematic for men in nursing. A closer examination of the literature confirms supervision or suspicion of men in nursing by clients and colleagues has not improved (Harding et al., 2008; Inoue et al., 2006). As a result, this discovery highlights the limiting aspects men face through overt

peer and client observation. This can be viewed as extremely discouraging as a result of the absence of support from colleagues and managers.

The management of uncomfortable or difficult situations by men in maternal-newborn nursing presented as a novel finding in this research. The results of this study suggest that men often utilize coping strategies to offset the practice barriers that exist as a result of their gender. The identification of gendered barriers recognizes the difficulties associated with caring as men in maternal-newborn nursing roles, therefore, creating opportunities for men to share examples of survival techniques. A number of survival techniques were utilized by the participants in their nursing practice. The literature suggests that men in nursing roles still face difficulty caring for the opposite gender (Inoue et al., 2006; O'Lynn, 2004; Villeneuve 1994).

Challenges in a maternal-newborn nursing role present an opportunity for males providing maternal-newborn nursing care to overcome barriers; for example, by being open to accommodate a client's request for a female nurse. The concept of male nurses accommodating a client's request based on caregiver gender was consistent with findings in the nursing literature (Evans, 2002; Harding et al., 2008; Williams, 1995); however, only one study specifically addressed this issue in relation to maternal-newborn nursing (Morin et al., 1999).

Interestingly, the participants discussed trading clients or tasks as a result of accommodating a client's request for a female nurse. As a novel finding, the notion of "fair trade" between maternal-newborn nurses exists as means of a barter system and adds to the current nursing literature. Much of the literature describes men trading their clients for a heavier workload, consequently, shifting work fairly to their female

colleagues, and, thus, disseminating tasks, such as heavy lifting, repairing items or restraining clients, to men in nursing (Evans & Frank, 2003; Heikes, 1991; Rajacich et al., 2013; Wolfenden, 2011). Interestingly, others have explored the assignment of tasks associated with masculinity in professions outside of nursing such as law enforcement (Jurik, 1988). In maternal-newborn nursing, the system of fair trade appears to be driven by gender, whereas the current literature mentions fair trade as a system that functions around the stereotypical perceptions associated with masculinity and perceived strength. It may also relate to the differential of power associated with males and females in society such as perceived or actual power differential.

The findings suggest that self-protection and survival appear as a common thread throughout nursing practice experiences associated with men in maternal-newborn nursing roles. Consequently, men who work in maternal-newborn nursing roles also utilize protective measures to guard themselves from scrutiny surrounding the damaging stereotypes associated with their role. It was noted in this study that only a small number of men choose maternal-newborn nursing as a career which aligns with the current nursing literature (Goodin-Janiszewski, 2003). Nevertheless, the participants in this study shared that men may choose maternal-newborn nursing as a career in conjunction with positive encouragement or unique life experiences.

As the literature supports that the image of nursing and maternal-newborn nursing still remains stereotypically gendered in society, men in maternal-newborn nursing roles are unique. It was clear from the narratives that they may struggle more with accessing client care or learning experiences, semi-intimate care, and lack confidence in their abilities. As a result, the men who choose nursing as a career develop techniques in

responding to barriers or uncomfortable situations; in turn, they sustain their practice in a maternal-newborn environment. The findings in this study identified the experiences as they related to unique themes in the narratives relating to maternal-newborn nursing roles and overlap with findings in the literature (Mackintosh, 1997; Meadus & Twomey, 2007; Nelson & Belcher, 2006; O'Lynn, 2004; Roth & Coleman, 2008; Villeneuve, 1994).

Limitations of the Study

This study has a few limitations. First was the small sample size. Although six participants were recruited through the College of Nurses of Ontario, a larger (n=10) sample size was desired (Boyd, 2001; Creswell, 1998). However, this was acceptable for a Master's level investigation. The second limitation of the study was the recruitment method. The PI limited his recruitment methods to RNAO interest group social media participants and those who consented to research participation through the CNO. Although the insight provided by the nurses who participated were enriching, the findings of the study may have been strengthened by a more diverse population which could be achieved by recruiting at the hospitals.

Implications for Nursing

As a result of this research study, a number of implications for nursing education and practice have been identified. Recommendations for further research have also been generated.

Education

It is important to recognize that the image of nursing still remains poor amongst young people (Degazon & Shaw, 2007, Hemsley-Brown & Foskett, 1999; Neilson & McNally, 2010; Stevens & Walker, 1993). In addition, there is disproportionately more

woman entering nursing than men. With this in mind, it is important to recognize the importance of recruiting male students into nursing programs. Educators should begin to investigate what influences a male's decision to enter a nursing program and utilize the findings to build recruitment practices. As a result, the opportunity to address the image of nursing, specifically in maternal-newborn nursing, with youth is imperative. An obvious setting for this would be a secondary school environment targeting guidance counselors and educators.

Educational institutions who offer nursing instruction must take an active role in the promotion of nursing targeted at normalizing it as a career to men. As discovered through this research, role modeling utilizing men who currently practice nursing would be recommended at promotional events. As a result, a male nursing presence at career guidance events provides young men with an opportunity to discuss the role of men in nursing. Educational institutions should actively recruit more male nursing faculty into their departments as educators. Male nursing faculty could function as a role model for both male nursing students and those individuals considering nursing as a career.

As noted in this research study, there is discomfort and many barriers associated with male nursing students in maternal-newborn settings. The attitudes of clinical educators or nursing faculty surrounding the acceptance of men into these settings can shape a novice nurse's experience. It was established that the participants found it challenging to care for clients or feel supported by their colleagues in situations such as providing semi-intimate care in maternal-newborn nursing roles. Clinical instructors and nursing faculty must be responsive to the challenges associated with being a male in nursing. It is recommended that educators address male student's discomfort in

circumstances where semi-intimate care is present. This can be done through reflective practice such as journaling or discussion.

Supporting male students is key in maternal-newborn nursing settings to garner trust that their leaders in education believe in their right to nurse in maternal-newborn settings. Nursing educators and clinical instructors are encouraged to reflect on their own views of how they feel about the role of men in nursing. Therefore, Chairs of Nursing and hiring administrators could encourage staff and faculty to reflect on how gendered issues impact a student's ability to function, feel welcomed and confident in a maternal-newborn setting.

Male support systems may be important in creating a supportive environment for students. As the number of females is substantially larger than males in nursing, consider the benefit of consciously pairing male students in clinical groups. Furthermore, nursing educators could consider acknowledging the negative impacts of gendered stereotypes in trends and issues curriculum discussions. As a result, acknowledging gender stereotypes within nursing curricula may perhaps help students recognize discomfort and cultivate problem-solving skills surrounding gender stereotypes.

Practice

Healthcare organizations should actively campaign to recruit males into nursing and, more specifically, maternal-newborn nursing roles. This can be accomplished by validating a male presence in nursing through promotional items, such as posters, web pages, or a male nursing presence, at career expos. In addition, within healthcare organizations, nursing managers should reflect on their own beliefs as well as their staff's beliefs regarding gender issues so that they may consider how stereotypical views may

exist and may negatively impact their practice setting. From a recruitment and human resources perspective, portraying the role of a male nurse in a positive light would appear to garner more interest in men to pursue maternal-newborn nursing as a viable career.

Recommendations for Research

The purpose of this research study was to describe the experiences of men in maternal-newborn nursing roles. In addition, the study explored how men described their role and what guided their decision to work in a maternal-newborn nursing role. Many of the participants reported feeling undersupported by nursing clinical educators and had difficulty finding learning experiences in maternal-newborn nursing environments. Therefore, further investigation into how male nursing students' early experiences shape or influence their perception of maternal-newborn nursing is necessary. This may include investigating the interactions that they have with educators, nursing professionals, medical staff, and clients.

Clinical educators may be underprepared to support male students in maternal-newborn nursing settings. As noted above, men face unique barriers in maternal-newborn nursing that may not be translated to their female counterparts. Thus, a deeper exploration into the clinical nursing educator's experiences supporting male nursing students in maternal-newborn roles is recommended. In order to ascertain what causes discomfort or uncertainty for clinical instructors, a deeper exploration of their experiences is suggested to further develop recommendations for educators supporting male nursing students.

A mixed methods study involving clinical instructors' experiences educating male nursing students throughout maternal-newborn clinical rotations may be interesting to

explore further. In combination with a qualitative approach, it would be interesting to survey those students who partake in maternal-newborn clinical experiences as they progress through their education. It could be hypothesized that this may reveal the key experiences that guide the practice behaviour of clinical instructors in maternal-newborn nursing clinical education paralleled by their male students' responses to questions concerning their clinical experiences.

The participants discussed their experiences with "fair trade." This was an important finding as it addressed a barter system and was used in many ways as a survival technique. Those who used this technique appeared to deploy the strategy during uncomfortable situations that concerned their own and their clients' comfort. Thus, further exploration of this barter system is necessary to uncover if it is addressed in the nursing literature in more detail or other areas of subdisciplines in nursing as a strategy to avoid uncomfortable client situations.

The recommendations for research listed above specifically address the further exploration surrounding the unique role of men in maternal-newborn nursing positions. The purpose of the recommendations would be to increase and translate knowledge regarding men in maternal-newborn nursing as a gendered issue. The results could be generalized to assist educators, leaders, and employers in aligning support to men in maternal-newborn nursing issues in their education and practice.

Reflection and Concluding Remark

The findings in this research study describe the experiences of men in maternal-newborn nursing positions. The participants shared their experiences of both complex stereotypical and societal beliefs throughout the trajectory of their careers. It was

apparent that the experiences aligned with both positive and negative aspects of being a male in a maternal-newborn nursing role. Society must challenge the negative image of men in maternal-newborn nursing as it has implications in practice, education, and research. As a result, changing the societal view regarding men in maternal-newborn nursing positions is a true paradigm shift of which its magnitude should be felt by healthcare institutions, educational institutions, and professional practice organizations. The challenge in nursing is to resist historical idealizations that surround the matriarchal presence in nursing. Therefore, understanding that men in maternal-newborn nursing are equally prepared requires support from a much larger societal structure. The task will be for both male and females in nursing to engage in dialogue with students, colleagues, and clients about changing attitudes in acceptance of gender in the field of nursing.

Through my initial research, design, and analysis of this qualitative research study, I identified the importance of a well thought-out project. As in any research study, it is rare for anything to run 100% as planned; therefore, accepting a flexible approach to research expectations was utilized. This solidified my expectations of qualitative inquiry being both adventurous and interesting which was not a foresight previously had. Qualitative inquiry offered me an opportunity to hear participants' interesting stories and ask questions surrounding a phenomenon that had not generally been reported on.

This method of bracketing challenged the way I thought about my own misconceptions about men in nursing or maternal-newborn nursing grounded in personal experiences. I was curious about how men in maternal-newborn roles thought, felt, and acted in their natural environments. Thus, my curiosity allowed me to attempt to make sense of where men in maternal newborn nursing fit into a societal image. As the PI, I

also learned the importance of carefully coding and reflecting on the narrative data. Given the nature of coding qualitative data, this experience can be a daunting and exasperating undertaking. It was identified that communication with the research thesis advisement supervisor was imperative for this process. Several attempts to narrow the scope of overarching themes were necessary to identify discrepancies and progress through a clear analysis.

In retrospect, I would have liked to have completed this project at a time in my life that provided a continuous or regular effort to the design, data collection, and writing segments required. I found great difficulty in my ability to consistently manage work life balance in order to satisfy my expectations of delivering a high quality academic product. However, with the support and encouragement of my family, friends, supervisor, and thesis committee, the research study was completed. It is my wish that this research will encourage further investigation into normalizing and supporting men in maternal-newborn nursing roles. I am optimistic that the findings may be useful in improving the image of men in nursing and broadening male nurse's scope of practice to unique areas such as maternal-newborn nursing care.

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Appendix A
RNAO Men in Nursing
and Maternal Child Interest Groups Follow up Email

From: Jeff Biletschi (jeff.biletschi@niagararegion.com)
To: "dball@minig.rnao.ca" <dball@minig.rnao.ca>, "dkeselman@minig.rnao.ca" <dkeselman@minig.rnao.ca>
CC: Dr. Dawn Prentice (dprentice@brocku.ca)
Subject: Request for Assistance Acquiring Research Sample

Hello Daniel and David,

My name is Jeff Biletschi and I am writing to you to ask for some assistance and guidance. I have recently defended my thesis proposal at Brock University and have been considering different recruitment methods. The basis of my thesis work is around men that choose to work in maternal-newborn nursing roles. In order to accumulate the required sample I must solicit the participation several men that fit this purpose. My hope is that the MINIG would support this endeavor by advertising this participant opportunity on a message board or list serve. Therefore, any individual that fit the sampling criteria could choose or have the opportunity to participate in my research.

Please let me know what your thoughts are on this request and if I can provide any further information I'd be happy to do so.

Kind Regards,

Jeff Biletschi RN, BScN, MA(c)

From: Jeff Biletschi (jeff.biletschi@niagararegion.com)
To: forestfire38@hotmail.com
CC: Dr. Dawn Prentice (dprentice@brocku.ca)
Subject: Request for Assistance Acquiring Research Sample

Hello Kimberly,

Hello Kimberly,

My name is Jeff Biletschi and I am writing to you to ask for some assistance and guidance. I have recently defended my thesis proposal at Brock University and have been considering different recruitment methods. The basis of my thesis work is around men that choose to work in maternal-newborn nursing roles. In order to accumulate the required sample I must solicit the participation several men that fit this purpose. My hope is that the MCNIG would support this endeavor by advertising this participant opportunity on a message board or list serve. Therefore, any individual that fit the sampling criteria could choose or have the opportunity to participate in my research.

Please let me know what your thoughts are on this request and if I can provide any further information I'd be happy to do so.

Kind Regards,

Jeff Biletschi RN, BScN, MA(c)

Appendix B

Notice of Recruitment Poster

ATTENTION:

FOR MEN ONLY

Your Involvement includes interviews that are:

- *Short*
- *Confidential*
- *By Telephone or Face to Face*

**PLEASE
CONTACT JEFF
(GRADUATE
STUDENT)
FOR MORE
INFORMATION:**

905 348 1614 or via email at
jeff.biletschi@hotmail.com

Upon completion of the interview,
participants will receive a \$20
Tim Horton's gift card.



**Are you a male registered
nurse who currently works
directly with maternal or
new born clients?**

Please share your perspectives and experiences
by participating in a study called:

**“A Phenomenological Study Exploring the
Experiences of Men Who Choose to Work in
Maternal-Newborn Nursing Positions”**

Appendix C

Letter of Invitation

November 26, 2011

Title of Study: A Phenomenological Study Exploring the Experiences of Men Who Choose to Work in Maternal-Newborn Nursing Positions.

Principal Investigator: Jeff Biletschi, RN,
BScN
Department of Graduate Studies
Brock University
905 348 1614
jeff.biletschi@hotmail.com

Faculty Supervisor: Dawn Prentice RN,
PhD
Department of Nursing
Brock University
905 688 5550 x5161
dprentice@brocku.ca

Hello,

My name is Jeff Biletschi, a graduate student currently completing a Masters of Arts Degree in Applied Health Science at Brock University. You are invited to participate in a research project entitled "A Phenomenological Study Exploring the Experiences of Men Who Choose to Work in Maternal-Newborn Nursing Positions". The purpose of this research project is to explore male nurses' perceptions of their experiences in a maternal-newborn nursing role as it relates to understanding the social, cultural and historical context of this gender related phenomenon. Should you choose to participate, you will be asked to take part in a confidential face to face or telephone interview with myself as the Primary Investigator. This study will not pose any risk to you as a participant. If you choose to stop participation at any point the information I have collected will be destroyed and I will no longer ask for your participation. The expected duration of the interview will be approximately one hour and can take place somewhere that is comfortable for you.

This research should benefit men who are currently nursing or men who are currently exploring nursing and have an interest in maternal-newborn care. The data collected may be used to create interventions for nursing students, career counseling, or explore in greater detail about why men choose work in maternal-newborn nursing roles. If you have any pertinent questions about your rights as a research participant, please contact the Brock University Research Ethics Officer (905 688-5550 ext 3035, reb@brocku.ca) Furthermore, if you have any questions about the study detail, please feel free to contact me or my faculty supervisor (see above for contact information).

Thank you,

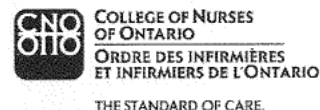
Jeff Biletschi RN, BScN, MA(c)

This study has been reviewed and received ethics clearance through Brock University's Research Ethics Board (# _____)

Appendix D CNO Request for Mailing Addresses Form

Request

for Home Mailing Addresses



Guidelines and Instructions

1. Please complete all applicable sections. (Print or Type)
2. Where applicable, the following documents must be received by CNO along with the completed form:
 - Project outline or research protocol;
 - Sample copy of the information being sent to CNO members, e.g. questionnaires, cover letter, etc.
 - Approval from relevant Ethics Review Board;
 - Privacy and security policies associated with the project.
 - Declaration that the confidentiality of the members will be protected, data will not be released for commercial or other purposes, and that the release of this information does not reflect implicit or explicit endorsement or support of CNO.
3. Return the form by mail or fax to:

College of Nurses of Ontario
Information Management
101 Davenport Road
Toronto, ON M5R 3P1
Fax: 416-928-6507
4. CNO will acknowledge your request after receiving it. If you do not receive an acknowledgement within five business days, please contact us by e-mail at stats@cnomail.org

5. Requests for home address lists may be denied if:
 - CNO deems the request inappropriate;
 - CNO is not able to provide the requested information;
 - CNO does not receive all required documentation;
 - The form is incomplete; or
 - The request is made under false pretences.
6. Once the request has been assessed and approved by CNO, an agreement form will be e-mailed to you. Please sign and return the form to confirm the request specifications, estimated time for completion and approximate cost.
7. The fee structure is as follows:

For-Profit Organization:

 - \$5000 intellectual property charge
 - \$300 flat rate (less than 2 hours)
 - \$200 per hour in excess of two hours

Not-For-Profit Organization:

 - \$300 flat rate (less than 2 hours)
 - \$100 per hour in excess of two hours

Students Conducting Research in Nursing:

 - \$300 flat rate

USB Flash drive charge: \$30 will be added upon each request.
Standard courier charges: \$10 within Ontario; \$30 outside Ontario
(If charges exceed the listed amounts, the actual charge will apply.)
Thirteen percent HST will be added to the total amount.

Section One: Requestor Information

First Name:
Jeff

Last Name:
Biletski

Organization/Affiliation:
Brock University

Department:
Nursing

Position/Title:
Student

Name of Professor/ Principal Investigator (if applicable):
Dr. Dawn Prentice

6638 Alina Court
Niagara Falls, ON
L2H 0A7

L2J 2T7

Telephone Number:

905 228 0323

Fax Number:

E-mail Address:

jeff.biletski@hotmail.com

Section Two: Request on Behalf of Another Party (if applicable)

First Name:

Last Name:

Organization/Affiliation:

Department:

Position/Title:

Mailing Address:

Telephone Number:

Fax Number:

E-mail Address:

Section Three: Home Address List Requirements

1. Select the inclusion criteria for your list from the options below. The College does not release any data apart from the name and home mailing address for members who have consented to such release. Check all that apply:

a) Type of Nurse(s) <input checked="" type="checkbox"/> RN <input type="checkbox"/> RPN <input checked="" type="checkbox"/> NP b) Years in Nursing <input checked="" type="checkbox"/> Under 2 years <input checked="" type="checkbox"/> 2-5 years <input checked="" type="checkbox"/> 6-10 years <input checked="" type="checkbox"/> 11-15 years <input checked="" type="checkbox"/> 16-20 years <input checked="" type="checkbox"/> 21-25 years <input checked="" type="checkbox"/> 25 years + c) Nursing Employer <u>HOSPITAL</u> <input checked="" type="checkbox"/> Acute Care Hospital <input type="checkbox"/> Addiction & Mental Health Centre/ Psychiatric Hospital <input type="checkbox"/> Complex Continuing Care/ Rehabilitation Hospital <input type="checkbox"/> Rehabilitation Hospital <input checked="" type="checkbox"/> Other Hospital <u>COMMUNITY</u> <input type="checkbox"/> Blood Transfusion Centre <input type="checkbox"/> Cancer Centre <input type="checkbox"/> Children Treatment Centre (CTC) <input type="checkbox"/> Client's Environment <input type="checkbox"/> Community Care Access Centre <input type="checkbox"/> Community Health Centre	c) Nursing Employer (cont'd) <input type="checkbox"/> Community Mental Health Program <input type="checkbox"/> Diabetes Education Centre (DEC) <input type="checkbox"/> Family Health Team <input type="checkbox"/> Hospice <input type="checkbox"/> Nurse Practitioner Led Clinic <input type="checkbox"/> Nursing/ Staffing Agency <input type="checkbox"/> Physician's Office <input checked="" type="checkbox"/> Public Health Unit/ Department <input type="checkbox"/> Remote Nursing Station <input type="checkbox"/> Other Community <u>LONG-TERM CARE</u> <input type="checkbox"/> Long-Term Care Facility <input type="checkbox"/> Retirement Home <input type="checkbox"/> Other Long-Term Care Facility <u>OTHER</u> <input type="checkbox"/> College/University <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Government/ Association/ Regulatory Body/ Union <input type="checkbox"/> Health-Related Business/ Industry <input type="checkbox"/> Industry <input type="checkbox"/> School <input type="checkbox"/> Spa <input type="checkbox"/> Telephone Health Advisory Services <input type="checkbox"/> Other	d) Position in Nursing <input checked="" type="checkbox"/> Advanced Practice Nurse – CNS <input checked="" type="checkbox"/> Advanced Practice Nurse – Other <input type="checkbox"/> Case Manager <input type="checkbox"/> Clinical Educator <input type="checkbox"/> Consultant <input type="checkbox"/> Educator/ Faculty <input type="checkbox"/> Infection Control Nurse <input type="checkbox"/> Informatics Analyst <input type="checkbox"/> Middle Manager <input checked="" type="checkbox"/> Nurse Practitioner (NP) <input type="checkbox"/> Occupational Health Nurse <input checked="" type="checkbox"/> Office Nurse <input type="checkbox"/> Outpost Nurse <input type="checkbox"/> Policy Analyst <input checked="" type="checkbox"/> Public Health Nurse <input type="checkbox"/> Researcher <input type="checkbox"/> Sales/ Marketing Representative <input type="checkbox"/> Senior Manager <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Visiting Nurse <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	e) Primary Area of Practice <input type="checkbox"/> Acute Care <input type="checkbox"/> Administration <input type="checkbox"/> Cancer Care <input type="checkbox"/> Cardiac Care <input type="checkbox"/> Case Management <input type="checkbox"/> Chronic Disease Prevention/ Management <input type="checkbox"/> Complex Continuing Care <input type="checkbox"/> Critical Care <input type="checkbox"/> Diabetes Care <input type="checkbox"/> Education <input type="checkbox"/> Emergency <input type="checkbox"/> Foot Care <input type="checkbox"/> Geriatrics <input type="checkbox"/> Informatics <input type="checkbox"/> Infection Prevention/ Control <input checked="" type="checkbox"/> Maternal/ Newborn <input type="checkbox"/> Medicine <input type="checkbox"/> Mental Health/ Psychiatric/ Addiction <input type="checkbox"/> Nephrology <input type="checkbox"/> Occupational Health <input type="checkbox"/> Palliative Care <input type="checkbox"/> Perioperative Care <input type="checkbox"/> Policy <input type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Public Health <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Sales <input type="checkbox"/> Surgery <input type="checkbox"/> Telehealth Service <input type="checkbox"/> Other
--	--	--	--

2. Describe any additional sampling criteria (e.g. sample size, sample distribution):

I require only males in the requested sample.

Section Four: Project Details

1. Title of project:

A Phenomenological Study Exploring the Experiences of Men Who Choose to Work in Maternal-Newborn Nursing Positions

2. Provide a brief statement of the purpose or objective of the project. Attach the project outline or research protocol, and sample copy of any information being sent to members (e.g. questionnaires etc.).

The intent of the research is to explore male nurse's perceptions of their experiences in a maternal-newborn nursing role as it relates to understanding the social, occupational, cultural and historical context of this gender related phenomenon.

3. Describe the benefits to be derived from the completion of this project:

Rich qualitative descriptions will focus on "what people experience and how it is they experience what they experience" (Quinn Patton, 2002, p. 107). This is crucial in attaining the essence of the phenomenon pertaining to male nurses experiences in maternal-newborn roles. Study participants will be interviewed about many degrees of perception pertaining to self and others as it relates to their role. Furthermore, to explore and describe why men choose to work as maternal-newborn nurses. Few studies have addressed why men choose to work in maternal-newborn roles. Therefore, this proposed master's thesis will deliver valuable information that can be used to create interventions for nursing students, career counseling, and occupational strain or gender role related stereotypes.

4. If the project involves a survey, describe the methodology used to design the survey and analyze the results:

The Principal Investigator (PI) will conduct all face to face interviews and a Research Assistant (RA) will be utilized to transcribe all interview data. Each participant will be interviewed independently. The interviews will last from one hour to one and a half hours in length and will be conducted at Niagara Region Public Health, Brock University Campus, at the participants place of work or home. All interviews will be digitally audio recorded. The PI will also attempt to take field notes during the interview.

5. How do you plan to publish or disseminate the results from your project? What is the expected completion date?

All results will be disseminated in a thesis for the requirement of obtaining the Graduate Degree: Master of Arts in Applied Health Science at Brock University.

6. Does this project require an ethics review and approval?

- ☒ Yes → Please attach a copy of the ethics approval with this form.
☐ No → Please explain why an ethics review is not necessary.

This research study will be proposed to the Brock University Research Ethics Board (REB) for review and approval following examination by the researcher's thesis advisement committee. The requirements of the REB application are outlined in the attached proposal.

7. What measures are in place to protect the confidentiality of CNO's Home Address List? (Where applicable, please attach privacy and security policies with this form.)

The address list will be kept confidential, and no one else except Primary Investigator, Faculty Supervisor and Research Assistant/Transcriber will have access to the list. The Primary Investigator will not be sharing information to anyone outside of the research team. The information the Primary Investigator collects from this research project will be kept private. The Primary Investigator will lock the list in a filing cabinet at his primary residence. The list along with the data will be kept secure for a period of three years and then destroyed.

8. Is this project funded by an outside body?

- ☐ Yes → Please provide information about the funding source in the box below.
☒ No → Skip to Section Five.

Section Five: Agreement

I certify that the information submitted is accurate and the data requested will be used for the purpose stated above.

Signature _____

Date _____

Appendix E

Transcriber Confidentiality Agreement

This study, titled A Phenomenological Study Exploring the Experiences of Men Who Choose to Work in Maternal-Newborn Nursing Positions, is currently being undertaken by Jeff Biletski RN, BScN, a graduate student under the supervision of Dawn Prentice RN, PhD in the Faculty of Applied Health Science at Brock University. The objective of this study is to explore male nurses' perceptions of their experiences in a maternal-newborn nursing role. Data from this study will be used to deliver valuable information that can be used to create interventions for nursing students, career counseling, and occupational strain or gender role related stereotypes.

In signing below, you are indicating that you understand the following:

- I understand the importance of not disclosing information about the research topic to anyone except the Primary Investigator and that this is therefore confidential.
- I understand that I must keep all acquired research information secure regardless of format (consent forms, demographical information, electronic files, digital recordings, transcripts, journals, field notes etc.)
- I understand that the contents of the consent forms, demographical information, electronic files, digital recordings, transcripts, journals, field notes etc. may only be discussed with the Primary Investigator or Faculty Supervisor.
- I understand that when transcribing audio tapes I will be the only one to hear the recordings and will store these transcripts in a secure location.
- I understand that I must return any and all research information back to the Primary Investigator when my tasks are completed.
- I understand that I must destroy any research information that is not returnable to the Primary Investigator upon completion of the research (information stored on a computer for example).

Research Assistant/Transcriber

Name: _____ Signature: _____ Date: _____

Primary Investigator

Name: _____ Signature: _____ Date: _____

Appendix F

Interview Guide

Interview ID Number	
Interview Site	
Interview Date	
Interview Start Time	
Interview End Time	
Interviewer	

1. Introduction:

Hello (name of participant). My name is Jeff Biletski. I am a graduate student calling from Brock University. I would like to thank you for your interest in my research. I received an (email or telephone contact) from you a short while ago where you gave me permission to connect with you and provided me with your contact information.

(If the participant is < 100 km) I would like to request about 30-60 minutes of your time to ask you a few questions. This can be done face to face or over the telephone and at a time that is convenient for you. Is this a good time for you? (If the participant indicates that this is not a good time, ask for a date and time that would be convenient and that you will call the participant at that time.)

(If the participant is > 100 km) I would like to request about 45-60 minutes of your time to ask you a few questions. This can be done over the telephone and at a time that is convenient for you. Is this a good time for you?

(If the participant indicates that this is not a good time, ask for a date and time that would be convenient and that you will call the participant at that time.)

You should have received information about the specifics of the study however if you have any additional questions I would be happy to answer them for you at this time.

2. Informed Consent:

Along with the information you received about the study you should have also received a copy of the consent letter that was developed specifically for this project. I will take a few minutes now to review the consent letter with you. When I have read the consent letter to you I will request that you verify that you would like to take part in this study. Your verbal agreement will serve as consent to participate. Please stop me and ask questions at any time.

Would you like me to read to you the consent letter you should have received? (Read consent letter to client if client request)

Before commencing questioning read below:

You understand that you have been asked to participate in a research study.

You understand the risks and benefits involved in the study.

You understand that you may refuse to answer specific questions and/or withdraw from the study at any time without giving reasons.

You understand that only the PI and research team have access to individual interview data and that results will be reported as aggregate data.

(Participants Name) After having (read/heard) the consent letter do you have any questions?

Do you consent to participation in this proposed research study?

(If participant agrees to consent) Let's move forward with your interview - continue to background and demographics questions

(If participant does not agree to consent) I would like to thank you for your interest in my research and your agreeability of contact. If you have any other questions or reconsider your participation then please email or call me directly.

Background & Demographics

- I'm going to ask you some questions about your background and demographics. This will give me a sense of who you are, verify this studies inclusion criteria and provide me with the information required for follow-up contact.
1. How long have you been a registered nurse?
 2. What type of registration do you currently hold?
 3. Could you please tell me about your academic background?
 4. Do you hold any other additional certifications or qualifications that relate to your current position?
 5. Could you please tell me how many years you have been in your current nursing position?
 6. What were you previous nursing roles before your current position?

7. If I followed you through a typical day or night of work, what types of responsibilities would I see you fulfilling?
- I would like to now ask you some questions about your experiences as a male nurse currently working in a maternal-newborn role. The following questions will provide me with better insight of your perception and experiences.

Primary Interview Questions

- 1 Tell me about your journey from the time you decided to be a nurse until now?
- 2 What influenced or affected you as your experiences in nursing that made you decide to become a Maternal-Newborn nurse?
- 3 What do you think the tensions are in your field?

Prompts To Guide the Interview

Environmental Conditions (economic, social, political and cultural)

Prompts:

- a. Did someone ask or tell you to pursue nursing or maternal newborn nursing?
- b. Were there any other nurses in your family growing up?
- c. How do you think society feels about men who work in maternal-newborn nursing positions?

Learning Experiences (instrumental and associative)

Prompts:

- a. Had you considered nursing as you were growing up?
- b. What point in your life you decided to pursue a career in nursing?
- c. Had you ever been exposed nursing work growing up? I.e. experienced a nurse at work?

Genetic Endowment (gender and physical appearance)

Prompts:

- a. Is being a man in maternal-newborn nursing is different than being a female working in the same area?

Task Approach (work habits, performance standards and emotional response)

Prompts:

- a. What have been your experiences when providing care to woman and children postnatally?

- b. Tell me what I would have seen or heard your colleagues and clients say or do during your interactions with them?

Wrap Up Questions

1. Do you have anything else you would like to say that we haven't talked about?
 2. Would you be willing to recommend any of your male colleagues to participate in this study? (if participant says yes then provide them with the electronic documents via email so that they can forward to their colleagues)
 3. May I contact you for a second interview
- Once I have transcribed your interview I will send it to you in the mail. Please review it for any inconsistencies. If you have any corrections please return the document and provided correction form in the postage paid return envelope within Two weeks of receiving the transcript. However, if I do not receive feedback from you within that two week period then I will affirm that there were no inconsistencies. Also, if you would like to receive the results of this study then please indicate so by emailing me. When my thesis has been approved I will send you a summary of the results section within four weeks.

Appendix G

Follow-up Letter (Transcript Review Instructions)

Dear _____;

I am writing to thank you for your interview participation on (Insert Date). The interview you have provided will be an invaluable asset to my research. It was indeed a pleasure meeting you.

My research study, titled “A Phenomenological Study Exploring the Experiences of Men Who Choose to Work in Maternal-Newborn Nursing Positions”, is proceeding according to design. As you know, I have begun collecting my interview data, and am now seeing a few more individuals such as yourself who can also provide valuable information and insights.

As promised after our interview, I have included a transcribed copy of your interview for your comments. I anticipate you can return it within two weeks of receiving this package. If I have not physically received your returned copy or heard from you by (Insert Date), I will assume that you do not have concerns and the interview and your remarks have been transcribed and captured accurately. For information on completing the review, please follow these instructions:

1. Review the transcript by reading it in its entirety.
2. Please provide feedback and comments on the attached feedback form and/or directly on the transcript.
3. Please place the feedback form and transcript in the postage paid envelope provided within two weeks of receiving transcript by mail.

Should you have any comments or concerns, you can contact me or my faculty supervisor listed below.

Kind regards,

Principal Investigator: Jeff Biletschi, RN,
BScN
Department of Graduate Studies
Brock University
905 348 1614
jeff.biletschi@hotmail.com

Faculty Supervisor: Dawn Prentice RN,
PhD
Department of Nursing
Brock University
905 688 5550 x5161
dprentice@brocku.ca

Appendix H

Transcription Feedback Form

- ☐ My interview has been captured accurately and therefore no changes are required.
- ☐ There are inconsistencies in my interview and I have made comments and corrections in which are listed below and/or on the transcribed document.

Comments have also been made on transcription document and I have included the document in the envelope.

Yes ☐ No ☐

[illegible]

Participant

Name: _____ Signature: _____ Date: _____

Primary Investigator

Name: _____ Signature: _____ Date Received: _____

Appendix I

Results Dissemination Letter

Dear _____;

Enclosed is a draft copy of the summary of findings and implications as outlined in chapters 5 and 6 that will form part of my thesis which has the full title “A Phenomenological Study Exploring the Experiences of Men Who Choose to Work in Maternal-Newborn Nursing Positions”.

I hope you will like the summaries, and in particular, I hope you will find that I have been faithful to the information you given me and you feel it was captured as described. Historical writing, as you know, is an interpretive act, but as professionals we endeavour to tie our interpretations rigorously to the factual record. If you have any questions regarding these summaries, please feel free to contact me or my faculty supervisor at the numbers listed below.

Warm regards,

Principal Investigator: Jeff Biletski, RN, BScN	Faculty Supervisor: Dawn Prentice RN, PhD
Department of Graduate Studies	Department of Nursing
Brock University	Brock University
905 348 1614	905 688 5550 x5161
jeff.biletski@hotmail.com	dprentice@brocku.ca

Appendix J

Moustakas' Steps

Moustakas' outlined the steps necessary for the PI. This approach required the PI to:

1. Use a phenomenological approach, and obtain a full description of your own experience of the phenomenon.
2. Complete the following steps from the verbatim transcript of the experience:
 - a) Consider each statement with respect to significance for description of the experience.
 - b) Record all relevant statements.
 - c) List each nonrepetitive, nonoverlapping statement. These are the invariant horizons or meaning units of the experience.
 - d) Relate and cluster the invariant meaning units into themes.
 - e) Synthesize the invariant meaning units and themes into a description of the textures of the experience. Include verbatim examples.
 - f) Reflect on your own textural description. Through imaginative variation, construct a description of the structures of your experience.
 - g) Construct a textural-structural description of the meanings and essences of your experience.
3. Constructing a set of criteria to locate appropriate co-researchers
4. Providing co-researchers with instructions on the nature and purpose of the investigation, and developing an agreement that includes obtaining informed consent, ensuring confidentiality and delineating the responsibilities of the primary researcher and research participants, consistent with ethical principles of research

(Moustakas, 1994, p. 122)

Appendix K

Research Ethics Board Clearance Certificate



Brock University
Research Ethics Office
Tel: 905-688-5550 ext. 3035
Email: reb@brocku.ca

Social Science Research Ethics Board

Certificate of Ethics Clearance for Human Participant Research

DATE: 5/29/2013

PRINCIPAL INVESTIGATOR: PRENTICE, Dawn
Nursing

FILE: 12-233 - PRENTICE

TYPE: Masters Thesis/Project STUDENT: Jeff Biletski
SUPERVISOR: Dawn Prentice

TITLE: A Phenomenological Study Exploring the Experiences of Men Who Choose to Work in Maternal-Newborn Nursing Positions

ETHICS CLEARANCE GRANTED

Type of Clearance: NEW Expiry Date: 5/30/2014

The Brock University Social Sciences Research Ethics Board has reviewed the above named research proposal and considers the procedures, as described by the applicant, to conform to the University's ethical standards and the Tri-Council Policy Statement. Clearance granted from 5/29/2013 to 5/30/2014.

The Tri-Council Policy Statement requires that ongoing research be monitored by, at a minimum, an annual report. Should your project extend beyond the expiry date, you are required to submit a Renewal form before 5/30/2014. Continued clearance is contingent on timely submission of reports.

To comply with the Tri-Council Policy Statement, you must also submit a final report upon completion of your project. All report forms can be found on the Research Ethics web page at <http://www.brocku.ca/research/policies-and-forms/research-forms>.

In addition, throughout your research, you must report promptly to the REB:

- a) Changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
- b) All adverse and/or unanticipated experiences or events that may have real or potential unfavourable implications for participants;
- c) New information that may adversely affect the safety of the participants or the conduct of the study;
- d) Any changes in your source of funding or new funding to a previously unfunded project.

We wish you success with your research.

Approved:

Jan Frijters, Chair
Social Sciences Research Ethics Board

Note: Brock University is accountable for the research carried out in its own jurisdiction or under its auspices and may refuse certain research even though the REB has found it ethically acceptable.

If research participants are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and clearance of those facilities or institutions are obtained and filed with the REB prior to the initiation of research at that site.

Appendix L

Information Letter

April 1, 2013

Principal Investigator: Jeff Biletschi, RN, BScN
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Brock University
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Faculty Supervisor: Dawn Prentice RN,
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This informed consent form is for male registered nurses (RN) who currently work in maternal-newborn nursing roles and are willing to participate in the research study “A Phenomenological Study Exploring the Experiences of Men Who Choose to Work in Maternal-Newborn Nursing Positions”.

Your participation in this research study is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, your choice will have no bearing on your job or on any work-related evaluations or reports. You may change your mind later and stop participating even if you agreed to do so earlier.

By consenting to participate in this research study, you will be asked to participate in a 30-60 minute interview with the Primary Investigator in a comfortable place that will provide confidentiality. If you prefer, the interview can take place in your home or a friend's home. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present unless you would like someone else to be there. The information recorded is confidential, and no one else except the Primary Investigator, Faculty Supervisor and Research Assistant/Transcriber will have access to the information documented during your interview. The entire interview will be digitally recorded, but you will not be identified by name on the digital recording. The recording will be digitally secured and password protected. The information recorded is confidential, and no one except the Primary Investigator, Faculty Supervisor and Research Assistant/Transcriber will have access to the recordings. The recordings will be destroyed at the completion of the study.

The research study is planned to take place over 12 months. During that time, the Primary Investigator will visit face to face or speak with you over the telephone; the interview should last for about one hour. If you wish not to respond to the questions you do not have to and if you wish to end the interview you can do so at any time. You do not have to give the Primary Investigator any reason for not responding to any question, or for refusing to take part in the interview.

This research study will not provide any direct benefit to you; however your participation is likely to help the Primary Investigator create interventions for nursing students, men in maternal newborn nursing roles, gender role related stereotypes or find out more about why men choose work in maternal-newborn nursing roles. Additionally, for your participation, you will be given a 20 dollar Tim Horton's gift card upon the completion of your interview.

The Primary Investigator will not share information about you to anyone outside of the research team. The information that the Primary Investigator collects from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the Primary Investigator will know what your number is and will secure that information with lock and key. The information gained from this research will be shared with you and the other participants before it is disseminated in the research thesis. Each participant will receive a copy of their transcribed interview in order to verify accuracy and a summary of the results at the study's completion.

You do not have to take part in this research if you do not wish to do so, and choosing to participate will not affect you in any way. You may stop participating in the interview at any time. The Primary Investigator will give you an opportunity after the interview to review your transcript. A few weeks after your interview, the transcript will arrive by registered mail and at that time you can modify or remove portions of the interview, if you do not agree with his notes or if he did not understand you correctly.

If you have any questions or you wish to speak with the Primary Investigator or Faculty Supervisor, you may contact them at any time with the contact information listed above. This research study has been reviewed and approved by Brock University's Research Ethics Board, a committee whose task it is to make sure that research participants are protected from harm. If you have comments or concerns about this research, please contact the Research Ethics Office at 905 688-5550 X3035 or reb@brocku.ca.

Appendix M

Informed Consent Form

Date: November 26, 2011

Project Title: A Phenomenological Study Exploring the Experiences of Men Who Choose to Work in Maternal-Newborn Nursing Positions

Principal Investigator: Jeff Biletski, RN,
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INVITATION

You are invited to participate in a study that involves research. The purpose of this study is to address the experiences of men who choose to work in maternal-newborn nursing roles.

WHAT'S INVOLVED

As a participant, you will be asked to interview independently with the Primary Investigator in a comfortable place that will provide confidentiality. Participation will take approximately 30-60 minutes of your time in which you will be asked a series of questions. You will be given the option of either a face to face or telephone interview. If you live more than 100 km in distance from Brock University then you will only be offered a telephone interview.

POTENTIAL BENEFITS AND RISKS

Your participation will not provide any direct benefit to you; however your participation is likely to help the Primary Investigator create interventions for nursing students, men in maternal newborn nursing roles, gender role related stereotypes or find out more about why men choose work in maternal-newborn nursing roles. There are no known or anticipated risks associated with participation in this study.

CONFIDENTIALITY

The Primary Investigator will not share information about you to anyone outside of the research team. The information that the Primary Investigator collects from this research project will be kept private. Any information about you will have a number on it instead of your name.

Interviews will be confidentially transcribed verbatim by a Research Assistant. The Primary Investigator will create a Microsoft Word document for all transcribed data and journals that will be password protected. All files will be saved to a USB key accessible only by the Primary Investigator and Faculty Supervisor listed above. Data collected

during this study will be secured under lock and key for three years after the completion of the research, after which time the data will be destroyed.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If you wish, you may decline to answer any questions or participate in any component of the study. Further, you may decide to withdraw from this study at any time and may do so without any penalty.

PUBLICATION OF RESULTS

Results of this study may be published in professional journals and presented at conferences. The information you provide will be kept confidential. Your name will not appear in any thesis or report resulting from this study; however, with your permission, anonymous quotations may be used. A transcript will be available a few weeks after your interview. The transcript will arrive by mail and at that time you can modify or remove portions of the interview, if you do not agree with the Primary Investigators notes or if he did not understand you correctly. The Primary Investigator will allow two weeks for you to express any concerns regarding the accuracy of what was captured in the interview. If at that time you have not attempted to make contact with the Primary Investigator by mail, phone or email then the Primary Investigator will take this as confirmation that the information provided was correct. If you wish to receive a copy of the final results you may request it by contacting the Primary Investigator directly. The Primary Investigator will then mail the results to you after the study has been completed and the results have been compiled

CONTACT INFORMATION AND ETHICS CLEARANCE

If you have any questions about this study or require further information, please contact the primary investigator or faculty supervisor using the contact information provided above. This study has been reviewed and received ethics clearance through the Research Ethics Board at Brock University file # 12-233 - PRENTICE. If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at (905) 688-5550 Ext. 3035, reb@brocku.ca.

Thank you for your assistance in this project. Please keep a copy of this form for your records.

CONSENT FORM

I agree to participate in this study described above. I have made this decision based on the information I have read in the Information-Consent Letter. I have had the opportunity to receive any additional details I wanted about the study and understand that I may ask questions in the future. I understand that I may withdraw this consent at any time.

Name: _____

Signature: _____ Date: _____

Appendix N

Informed Consent for Telephone Interview

Informed Consent for Telephone Interview

Title of Study: A Phenomenological Study Exploring the Experiences of Men Who Choose to Work in Maternal-Newborn Nursing Positions.

Principal Investigator: Jeff Biletschi, RN,
BScN
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Faculty Supervisor: Dawn Prentice RN,
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Brock University
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Interview ID Number	
Interview Site	
Interview Date	
Time	
Interviewer	

Question	Yes	No
You understand that you have been asked to participate in a research study.		
You understand the risks and benefits involved in the study.		
You understand that you may refuse to answer specific questions and/or withdraw from the study at any time without giving reasons.		
You understand that only the PI and research team have access to individual interview data and that results will be reported as aggregate data.		
Do you consent to participation in this proposed research study?		

This study was explained to you by Jeff Biletschi (Primary Investigator)

(Primary Investigator Signature)

(Date)